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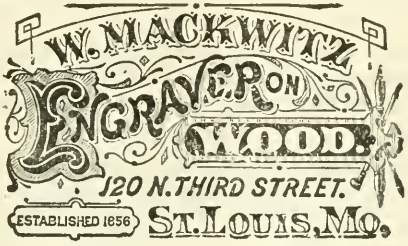

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Hood & Son.....Litchfield
Magee, Dr. Henry.....Alto Pass
Murdick, Dr. Jacob.....Germantown
Northrop, J. B.....Winchester
Rogers & Montgomery.....Quincy
Seaman, L. S. & J. O.....Shelbyville
Wheeler, Z. S.....Galatia

OHIO—Continued.

Robinson & King.....London

GEORGIA—Continued.

Lee & Riley, Drs.....Lawrenceville

IOWA—Continued.

Brayton, Chas. J.....Dubuque

TEXAS—Continued.

Darr, Dr. H. H.....Caldwell
Darnall, John H.....Dexter

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DOSE.—*One-half* to *one fluid drachm* in WATER or SYRUP every hour until sleep is produced.

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In the treatment of DYSPEPSIA, CHLOROSIS, ANÆMIA, NERVOUS and MUSCULAR DEBILITY, NERVOUS and SICK HEADACHE, DYSMENORRHŒA, MENORRHAGIA, AMENORRHŒA, diseases of the Kidneys and Bladder, and such like organic or functional disturbances, I know of no remedy upon which I can rely with more certainly satisfactory results than the "Seven Springs Mass."
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☞ *Always mention "Seven Springs Mass."*

CHEMICAL REPORTS ON MALTINE.

By R. Ogden Doremus, M. D. LL.D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE;
PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

New York, April 17th, 1879.

I have visited the works at Creskill, on the Hudson, where Maltine is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the aparatus employed for accomplishing the desired result—from the first treatment of the grains, to the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and the most complete method yet devised, with which I am acquainted, for accomplishing this object.

Maltine is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By Prof. John Attfield, F.C.S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN;
AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

London, 17 Bloomsbury Square, W. C.
October 28th, 1878.

To Messrs. Reed & Carnrick:

Gentlemen:—I have analysed the extract of malted Wheat, malted Oats and malted Barley, which you term Maltine. I have also prepared, myself, some extract from these three malted cereals, and have similarly analysed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your Maltine belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your Maltine is about ten times as valuable, as a flesh former; from five to ten times as valuable, as a heat producer; and at least five times as valuable as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley. Yours Faithfully, JOHN ATTFIELD.

LIST OF MALTINE PREPARATIONS.

MALTINE--Plain.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Cod Liver Oil and Phosphates.
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MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
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MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.

Maltine is now in the hands of the Wholesale Trade throughout the United States.

We guarantee that Maltine will keep perfectly in any climate, or any season of the year. Faithfully Yours,

REED & CARNRICK, New York.

PROFESSIONAL OPINIONS ON MALTINE.

During the past year we have received nearly one thousand letters from the Medical Profession in this country and Great Britain, referring to the therapeutic value of MALTINE: *their character is indicated by several extracts which we present below.*

BALTIMORE, MD., Jan. 20th, 1879.

We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M. D., *Res. Phys. City Hospital.*

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREET, M. D., *Res. Phys., Maternite Hospital.*

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pencreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M. D.

ST. CHARLES, MINN., March 23d, 1879.

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled conditions of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming *a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.*

C. R. J. KELLAM, M. D.

26 WEYMOUTH ST., Portland Place, LONDON.
May 30th, 1879.

I am ordering your Maltine very largely.

LENNOX BROWN, F. R. C. S., *Sen. Surg., Centl. Throat and Ear Hosp., etc.*

75 Lever St., Piccadilly, MANCHESTER, Jan. 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable.

J. SHEPHERD FLETCHER, M. D., M. R. C. S.

Edde Cross House, Ross, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. B., M. R. C. S.

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(FERRUM DIALYSATUM.)

A Pure and Neutral Solution of Oxide of Iron in the Colloid Form. The Result of Endosmosis and Diffusion with Distilled Water.

PREPARED SOLELY BY

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This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the very best mode of administering

IRON

in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of free acid, which is dependent upon the perfect dialysation of the solution. The samples of German and French Liquor, Ferri Oxidi Dialys,., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron, by not giving rise to a blood-red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior) the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store, to supply such an emergency.

Full directions accompany each bottle.

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It is put up in bottles retailing for **One Dollar,** containing sufficient for two months' treatment. Large size is intended for hospitals and dispensing. Retail at $1.50. Price Lists, etc., sent on application.

JOHN WYETH & BRO.

PEPTONIC PILLS.

Pepsin, Pancreatin, with Lacto-Phosphate of Lime and Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion produced from want or proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so abundantly satisfactory, that we are confident that further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure Pepsin, and one of pure Pancreatin, which is equivalent to 10 grains of the ordinary or saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration, the increased benefit to the Dyspeptic being due to a full and effective dose of each, freed from the unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS.—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat or Flatulence. For children reduce the pill to powder and give a fourth or half, according to age.

JOHN WYETH & BRO., Chemists, Philadelphia.

MENSMAN'S PEPTONIZED BEEF TONIC.

The great necessity for a fluid food that would possess *all the elements necessary for the support of the system* having long been felt by the Medical Profession, we call attention to this preparation, containing the *entire nutritious properties* of the muscular fiber, blood, bone and brain of a healthy bullock, dissolved by aid of heat and pepsin, and preserved by spirit; thus constituting a perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease. It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drugs. Dispensed in 16 oz. and 12 oz. bottles.

"DR. MENSMAN'S BEEF TONIC

Is a complete representative of lean and fat beef, bone, blood and muscle. It consists of all the properties which combine in the development of the animal body, which are liquefied by an artificial process, simulating natural digestion, and retaining all of their alimentary values. It contains in their perfection all the natural elements of the meat in their natural quantitative relations, without their extraneous or indigestible properties, and therefore requiring the least possible effort on the part of the stomach for its conversion into chyle, and its immediate absorption by the system.

"This tonic is free from any drugs or chemicals, and is a great invigorator or recoperant. I have used this preparation in several cases of sickness of a character which enables me to give the most favorable opinion of its great value, in extreme sickness. Some of the cases referred to are hemorrhage of the bowels, typhoid fever, bilious fever, inflammation of the bowels, where the greatest possible prostration was present, and in which I found this meat tonic to accomplish results I could not obtain with any other preparation. It is a gentle stimulant, and allays the peculiar irritation of the stomach, which destroys the appetite in all forms of disease, when the tone of the stomach is destroyed."

"We published the above article in the November No. of 1877, and will say that we have prescribed the tonic daily to date with the very best results."—Ed. Mrn. Eclectic.

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Iron, Phosphorus and Calisaya.

We call the attention of the Profession to our preparation of the above estimable Tonics, as combined in our elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark,** a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK,** not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each teaspoonful contains seven and a half grains Royal Calisaya Bark and two grains Pyrophosphate of Iron.

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Manufactured on the Sea-Shore from Fresh and Selected Livers.

The universal demand for Cod Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland fish-like, and to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters

Prof. Parker, of New York, says "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod Liver Oil to be far superior to any of the brown Oils.

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CASWELL, HAZARD & CO.,

Family and Manufacturing Chemists, New York.

SAVORY & MOORE, beg to call the attention of the Profession to some of their Special Preparations, the purity and uniform strength of which are Guaranteed.

PANCREATIC EMULSION.

Prepared in accordance with the direction of the Physician who introduced this purely

Medicinal Food for Consumption and Wasting Diseases.

Pancreatic Emulsion will always take precedence of Cod Liver Oil by reason of its introducing the STABLE SOLID FATS INTO THE SYSTEM instead of the evanescent fluid fats or oils.

Neither Cod Liver Oil nor EMULSIONS OF COD LIVER OIL can supply the kind of fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the SAPONIFICATION and ULTIMATE PUTREFACTION, produced by the chemical agents used instead of Pancreatic Juice.

Pancreatic Emulsion (properly so-called), is THE NECESSARY FOOD FOR THE CONSUMPTIVE, and the most reliable form of nutriment for counteracting the tendency to Phthisis and other wasting diseases. It presents to the lacteals fat in essentially the same condition for assimilation and absorption as in a vigorous human frame, and THE AGENT of the important change is THE NATURAL SECRETION of the PANCREAS.

Pancreatic Emulsion, may therefore be regarded as Chyle obtained by nature's own process. In certain cases both Cod Liver Oil and Pancreatic Emulsion are required—one to supply the blood with oil or liquid fat, the other with the more stable solid fats; but it cannot be too strongly urged that both PANCREATIC EMULSION and Cod Liver Oil are *not to be regarded as Medicines, but as articles of diet*, without which patients, with their defect of health, will as surely starve as healthy persons would if deprived of the most nutritive part of their food.

Pancreatine, effects the digestion and assimilation of Cod Liver Oil and Fat, as well as Food generally. This palatable and popular remedy is therefore invaluable to PATIENTS WHO ARE UNABLE TO DIGEST COD LIVER OIL, and who are thus deprived of its nourishing and invigorating properties.

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THE ROYAL NURSERIES

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And containing the

Highest Amount of Nourishment

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The most perfect substitute for healthy mothers' milk.

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Original Contributions.

ARTICLE XIV.

WHAT IS THE SAFE RULE? By THAD. M. STEVENS, M. D., of Indianapolis, Ind.

There are several views as to the origin of some of the diseases that are at certain times and under certain circumstances contagious; for instance, typhoid and typhus fevers, some asserting that these may arise under favorable circumstances, from filth, etc., and when started may be kept active by the spread of a specific germ, while others believe them to be specific diseases and never generated by filth, but always as small-pox is supposed to be, from a parent germ.

If typhoid fever, which we admit may be contagious, is at times generated in localities where no typhoid germs have been imported, then small-pox (which is generally held to be caused, in all cases by specific germs thus imported) may under certain circumstances be generated from certain local sources without a specific germ.

Whatever may be the cause of diseases that at any time becomes contagious; what its nature is, what the difference between them, whether they are dying out and being produced without

a parent germ, etc., these questions we leave, but that there is a controlling law we have no doubt.

In reference to the different doctrines, we will say that there is about equal evidence in favor of either of the two modes of supply of germs of contagious diseases, viz: that they come from a parent germ or that they are germinated *de novo*.

It is held that the evidence of contagion is clearer in small-pox than in typhoid fever or diphtheria—because the germ in some way is more active, but this does not touch the mode of origin of such germ, for it may be (and is held by many to be) generated without the presence of a parent germ, while others explaining away all hindrances, assert it is never thus found.

It is true that the greater activity of the small-pox germ to that of diphtheria, etc., leads many and indeed is a temptation to all, to assert that while the former is always generated from imported germs, that the latter may arise spontaneously, but this factor of greater activity ought not in the least to affect such questions. See for a moment as to the proper manner of examination of the points involved.

Small-pox being contagious, it can very often be traced through a continuous chain of cases. It can often be traced out to the case imported and that produce the (to them) parent germ.

It appears among all clases and equally, except as may be accounted for by susceptibility of constitution, etc. Its dying out and subsequent absence from former haunts is explained either by the death of all or nearly all the germs.

Its seeming sudden appearance without a parent germ is explained upon the hypothesis of ignorance as to the imported case, or else that the germ has been lying dormant, watching favorable circumstances to be active, like the seeds from the pyramids. But those who take the opposite views of this question do, and have a right to claim, that as contagion explains nothing as to the source of the germ, it ought not to mislead.

Although each person may have his belief, still, knowledge is so at fault at this point, that he who stubbornly acts in disregard of either of those views may find his mistake too late.

1st. If a disease is always produced from a specific germ that depends for its existence upon a prior one of the same nature, then filth or surroundings cannot at any time enter into its causation, other than being a *nidus* for the infecting germ.

2d. If a disease producing germ may at any time be devel-

oped *de novo*, without the presence of a pre-existing one, then filth and bad surroundings may at time be the active causative of such a disease.

Of course, if filth be either the active causative or acts as a *nidus* or home for such cause, its removal should be the first duty of the physician and sanitarian.

No isolation or quarantine would be of use in preventing the starting of cases, although much in preventing its spread.

The standpoint of the sanitarian, however, is left intact and different views of physicians, their false nomenclature, careless classifying, etc., does not touch the question of the necessity of preventing or removing *filth*.

That the question on one hand as to the origin or source of specific germ connected with contagious or transmissible disease, and, on the other, as to a clearly defined line, distinguishing some forms of such disease from others having their origin in malaria, etc., is not fully understood, may be shown by examples familiar to every physician. For instance, in 1856 or 1857, reports came to us that a disease resembling cholera was prevailing in a certain section of Iowa. Not much was thought of it by our physicians, for cholera was not prevailing in any part of North America to our knowledge. One day a call came to two physicians to visit a patient, who proved to be a gentleman hailing from that portion of Iowa, thus reported infected. All the symptoms of cholera were present. Both physicians had passed through the epidemic of '50 and '51 and knew well what they found. If it was not cholera, then some other form of disease had usurped *all* the pathognomonic symptoms of that disorder. Not only were all the symptoms the same, but also the course and ending of the case. Admitting all this, the question arises, if it was cholera, then how did the germ obtain a fast hold in Iowa?

Either some unhappy case with the "parent" about him had traversed the space between the ancient and constant haunts of the disease, to the point mentioned (which fact may be held as impossible), or the "germ" must have remained dormant for years in some safe and convenient "*nidus*" awaiting the favorable circumstance that finally called it forth to its deadly work. If the latter was the case, what numerous sources of danger lie all about us and who shall say when such dangers of renewed vitality and activity of the numerous vires cease.

If we do not admit either of the above origins of the "germ" at the point in which it first appears, we must ever hold to the generation of the specific "germs" from "filth." "To this are we reduced."

A similar sudden appearance, in an isolated district, so isolated that for thousands of miles surrounding no similar case had appeared, occurred several years ago in Russia, and no solution of the problem has ever reached us.

We know that many physicians have a faculty of explaining the origin of certain diseases by simple assertion. For instance in '73, a disease that was recognized as cholera appeared in various parts of the United States. Reports of this epidemic will be found in Dr. John Woodworth's report to Congress of cholera epidemic of '73. Several cases occurred in Indianapolis, nearly all were fatal. Yet several well informed physicians persisted in classing all such of malarial origin and regarded them as cases of "congestive chills," simply because they could not trace it to any particular imported cases.

A point we wish particularly to discuss is the following: Is the fever, that bears the name of typhoid with us, the same as the typhoid fever of Andral and Chromel?

Any one knowing the medical history of this State (Indiana) for the past forty years and will review that history as touching fevers, cannot, we think, fail to link such cases with those prevailing now.

What is true of Indiana is equally true of any other locality under the same circumstances. In early times the first settlers, by leveling of the forests, the exposure to heat and moisture of the dead exuberant vegetation; in fact, the living in an atmosphere supercharged with that unknown but certain cause of disease, malaria, were subject to a form of fever well described in "Wood's Practice," and well known to early practitioners now living. Sometimes the patient was overpowered or "shocked" to death (congestive chills); sometimes it took the form of what was then termed billious fever, this of a continued or remittent character; again, this same fever often assumed low or typhoid character. Sometimes, in the latter cases, the bowels were constipated, sometimes diarrhœa occurred, sordes upon the gums, muttering delirium, subsultus, optical illusions, etc. These latter cases were termed typhoid cases, and thus the term typhoid fever was gradually applied to all such. The appearance found upon

post mortem examination was not the same as described by Andral, and those that were inseparable from that form of fever he denominated typhoid. Neither was the course similar. The fever of Andral was considered contagious, and is yet held to be so. Not so with the typhoid of the early West. It was neither then, nor is it now contagious, for we have it still, with some modifications. Filth (in its broad sense) was necessary to start each case.

At this time the early Western fever of the pioneers is termed typho malarial, when the low typhoid symptoms appear, but many report *all* such cases as *typhoid* fever. Such may recognize the difference between the true typhoid and the typho-malarial, but by such careless nomenclature they confuse others, and especially the young physician, who, hearing of a case of the latter termed typhoid, confounds it with the true type of Andral, having contagious properties. It does not take a genius to see the harm this does. What then is to be done? If it was the ignorant alone that were confused upon such points as we have mentioned in this article, there might be a remedy; but the best and most intelligent physicians and sanitarians have different views and each hold to such with a tenacity that smacks of some knowledge they possess that is shut out from all others.

If definite and clear ideas were held by all upon the subjects we have touched upon, a great step would be made in preventing diseases. As it is, let us work upon the *safe*, if not the *true* side, viz.: remove filth of all kinds and advocate quarantine and isolation.

ARTICLE XV.

SCIATICA. By A. W. SAWYER, M. D., of Arbela Mo.

The rapid progress towards perfection made in the last few years by the giants in our profession, aided by the microscope, laryngoscope and other implements of positive science, almost establishes the truth of that old well worn maxim, "There is nothing new under the sun." Therapeutics, especially, has loomed up in such grand proportions and with so many new ways, simple and complicated, to put down disease, that in these "latter days" any newly proposed *modus operandi* is almost sure to be met by the reproduction of similar suggestions, dug out of some medical journal, new or old. Nevertheless, it is possible that now and then even a "country member" of the guild, his wits sharpened by pressing necessity, may stumble upon a plan of action new in the conception, and so successful in its application that the practitioner is warranted in spreading it before his brethren at large.

In a large proportion of our cases the most urgent demand is relief from pain, which in some instances is easier promised than afforded. One of these vexatious instances arose against the writer Dec. 18th, 1879, in the person of Mr. W. L. Campbell, a teacher in the public school of Arbela. I found him suffering severely from the pains of a well developed sciatica. This attack had established itself slowly, commencing in the lumbar regions, from whence it extended downward terminating in half of left lower extremity, the two principal points *dolorosa* being about the tuberischii and great trochanter. These with the non presence of swelling, normal temperature, etc., made the diagnosis easy, although a well defined rheumatic diathesis justified a first suspicion that it might be a myalgia. Under ordinary treatment my patient was soon made comfortable and the case might have ended then, but, unfortunately for my man, Christmas was at hand. The attractions offered by an extensive shooting match overcoming all scruples of caution, he exposed himself several hours to the inclement weather. Dec. 26th, I was recalled, finding Mr. C. paying very dearly for his holiday whistle. The new assault was a much worse one than the first, obstinately

resisting measures that, according to Rosenthal, should have procured some mitigation. Wishing after several day's battle to give my patient every possible chance, I voluntarily resigned my charge to Dr. D. B. Fowler of Memphis, one of the best physicians and surgeons in northeast Missouri. Dr. F. had control of the case during seven days—seeing his patient only once in that time—at the end of which period Mr. Campbell again sent for me. I found him, to use his rather rough expression, suffering the torments of Pandemonium. Reserving as a *dernier resort* before turning the sufferer again over to Dr. Fowler and Von Nussbaum's nerve stretching operation, the new French method, namely hypodermic injections of ether with pil phosphorus, comp and iron, I applied over the points doloroso a large section of Grosvenor's belladonna plaster, ordered him half grain pulv. opii, once in four hours, with thirty grains bromide of potassium between opiate doses, and went home determined if beaten again to try in the morning the power hypodermique. Went back at sunrise and found patient entirely relieved, free from pain and feeling, as he said, like a different man. Continued the medicine in reduced doses another day, when further medication was deemed unnecessary. On the sixth day after the culmination of his misery Mr. C. re-entered his school room well, and with a very high opinion of this new (perhaps) way to whip sciatica. After the fight I found in Flint's Practice, page 687, the following, "Recent observations on the effects of bromide of potassium in affections of nervous system," suggests the inquiry whether the preparation may not be found to be efficacious in certain cases of neuralgia. Your scholarly Dr. Gregory might say that my case of sciatica cured itself, and Dr. ——— contend that nature's resistance force in the man's system triumphed abruptly, but I am forced to believe my patient *cured* by the potassic bromide.

ARTICLE XVI.

PROPHYLACTIC TREATMENT OF HYDROPHOBIA.

By W. S. D. JOHNSON, M. D., of La Belle, Mo.

I would not contribute this article to the ST. LOUIS MEDICAL AND SURGICAL JOURNAL with the view of contributing any new light in regard to the prophylaxis of hydrophobia, but simply to add a mite to the already established fact, that the only safe and proper treatment of what is usually termed hydrophobia, or more properly rabies, is prophylactic, so far as I am informed to this writing, and I know of no better prophylactic agent than the knife for the *complete extirpation* of the wounded parts made by the teeth of a rabid animal, and the sooner the better, as delay would endanger the life of the patient.

I have been in the regular practice of medicine for upwards of thirty years, in which time I have not seen a single case of rabies in the human subject, but have in inferior animals, and have seen and treated two different patients, both men, bitten by dogs proven to have been rabid at the time those men were bitten, and I now regret I have not the exact dates, but will give them as nearly as I can.

At some time during the year of 1859, John E. Jennings of this (Lewis) county, was bitten by his own dog which had been acting very strange to him, the particulars of which I will give as near as practicable, viz: The dog was known, by all the neighbors, to be a very severe and vicious animal, and I would say during all the time I have been in the practice of medicine, I think he was the severest dog I have ever seen, and his master, Mr. Jennings, was compelled to keep him chained in his dooryard to keep him from biting his visitors; but finally the dog became very restless; just at daylight one morning he got loose, and had a fight with Mr. Jennings' other dog; he was then seen to bite one of his hogs. The dog then came to my house, about a half a mile off, and ran about my dooryard snapping at the chickens, but did not bite any of them, after which he went to a nearer neighbor's, where he had a fight with another dog, and also bit a calf. The dog was then secured by Mr. Jennings,

who attempted to drag him home, and failing in this tried to coax him and while patting him the dog seized his hand in his mouth sticking his teeth through the cutis vera, inflicting, I think, four wounds in his hand. Nothing was yet thought of a rabid animal. Mr. Jennings finally got his dog home and fastened him as usual; but he escaped almost immediately, and was followed and killed.

Now, was the dog mad, was the question. The subject was discussed pro and con. Mr. Jennings became seriously alarmed, and went to Palmyra, where he procured a "mad-stone" and the next day he came to me and reported the mad-stone would not stick, and asked my advice. After getting a history of all the dog's actions and believing the dog rabid, I advised extirpation of *all* the wounds, to which Mr. Jennings, holding out his arm, said, "take my hand off here if you think best," pointing to his wrist; but I simply extirpated the four wounds made with the teeth of the rabid dog, by thrusting the point of a tenaculum through the integument on one side of the wound, carrying the point below and out on the other side, thus enabling me with the use of the scalpel to remove each of the wounds entirely, after which I cauterized the wounds made by the operation of excision with nitrate of silver, and afterwards ordered the verdigris dressing twice daily and maintained the discharge of pus for ten or twelve days. This constituted *all* of the treatment. This is all I did for my patient and he is still living, making a period of upwards of twenty years since I operated on his hand, but the question is, was the dog that bit him rabid or not? I would say yes, from the fact that Mr. Jennings and Mr. Mitchell each made a strong rail pen and penned their bitten hogs respectively, by my request, and within ten or twelve days both of their hogs became the subjects of rabies and at the latter part of the fourth or the beginning of the fifth day both died of the disease, and none other of their hogs died but the two that were bitten by the dog and penned.

Now, as for the two other dogs bitten by the rabid one, I would say Mr. Mitchell killed his the next day after he was bitten, while Mr. Jennings let his run at liberty, but about the time the two hogs become rabid the dog disappeared and was never heard of afterwards, which establishes beyond controversy rabies of the dog that bit Mr. Jennings. *I saw* the two hogs frequently while rabid, and know what I affirm.

The other case was that of Mr. Peter P. Pulliam, who was bitten by his dog in 1862, seventeen years ago, whom I treated just as I did Mr. Jennings' case, with the same result. In this case Mr. Pulliam's dog bit him, several dogs and a heifer belonging to a Mr. Gabriel Long; all the bitten dogs were killed, but the heifer was not, but kept in a pasture and within ten or twelve days afterwards became the subject of rabies, and within four or five days after died, as did the two hogs, above mentioned.

Both of these men, John E. Jennings and Peter P. Pulliam, are still living and can be addressed at the same post office, Maywood, Lewis county, Missouri, while every animal bitten by the two rabid dogs, that was not killed, become rabid and died, which shows conclusively that extirpation of wounds made with the teeth of rabid animals is prophylactic to hydrophobia, and I would advise the excision of all wounds made with the teeth of animals suspected of hydrophobia, lest both the patient and physician become the subjects of regret, and would here, in this connection, say that what is termed mad-stone is worse than useless, as parties may be induced to risk it while they afford no protection against that dreadful malady of hydrophobia.

ARTICLE XVII.

MOUNTAIN FEVER AND MALARIOUS WATERS, SWAMP FEVER AND MARSH MIASM. By CHARLES T. REBER, M. D., of Shelbyville, Ill.

Every once in a while we meet with something that is overwhelmingly absurd. In the *Clinical Record* for February, 1880, pp. 333 to 335 is found an article which brings this matter of overwhelming absurdity to the surface.

Therein is demonstrated the fact that the so-called malarial fevers, intermittent, remittent and typho-malarial are the same diseases whether they occur amid low swampy places and stagnant foul waters or in the elevated regions and on the banks of swiftly running streams of cold water of the Rocky Mountains. This fact has, however, been known for many years. But to account for the occurrence of these diseases in the elevated inland

regions mentioned, on the hypothesis of organic germs carried there by the winds from the "fever infested regions of the Mississippi Valley and the shores of the Mexican Gulf, to be precipitated with the snows of the Rocky Mountains," is one of those overwhelmingly absurd things. Why is it necessary to invent so monstrous a hypothesis? Because of the erroneous notion, that the diseases named are caused by a certain malarial germ having specific effects upon the human organism; and because it is not possible that this supposed germ could be developed in conditions so dissimilar as those existing between low hot swampy, and high cool airy places, as those of the St. Johns River, Florida, and Clear Fork of Powder River, Wyoming. Consequently it becomes necessary to erect so wild a hypothesis as that these germs have been wafted a thousand miles to an elevation of 10,000 to 12,000 feet by the winds and in a direction in which the winds seldom blow!

We are informed that the troops "had been rendezvoused at Fort McKinney, Wyoming, late in the spring," "that they took the field, May 24, in splendid condition, not a man sick;" then is given a statement of the camping grounds, etc., which was quite the opposite of marshy. It next states: "The command remained here until July 15, during which time a few cases of intermittents appeared, *in all of which there was a history of previous malarial toxæmia*. The italics are mine. When had this intoxication occurred?

"May 24, the troops were in splendid condition, not a man sick." But now, July 15, upon being attacked with intermittent, we are to be content with the information, that "there was a history of previous malarial toxæmia!" Did these men have the intoxication the year just previous to 1878, or how long previously? and what sort of a scaffolding of hypothesis is it necessary to erect to show why there was not any earlier manifestation of the *toxæmia*? What of this toxæmia, about May 24? Subsequent to September 5, "*after a severe march, great privation and exposure, numerous cases occurred*, some of them of the typho-malarial type and of whom one died. In regard to these, nothing is said of previous malarial toxæmia and we are, I suppose, warranted to think that they had never before had the disease. But here the editor, pp. 338-9, comes to the assistance of the hypothetical germ and *diffidently*, suggests that by its "being continually introduced (re-introduced) into the body,

etc., it may become modified so as to be " capable of reproducing itself therein and of infecting other persons by way of the intestinal canal." We are impelled to ask, *is there no limit to the possibilities and power for mischief of this specific germ.*

To what straits will this merciless malignant bug yet bring the human family? Yet how singular and how fortunate that it attacks and punishes, mainly, only those who evidently violate the ordinary laws of health; by undue exposure to extremes of heat and cold, dryness and moisture, cold chilly winds and rains and to physical over-exertion and intemperance of various kinds.

If the experiments of Klebs, et al, have shown that the poison of ordinary malarial fever is of cryptogamic origin, what object is there in any further inquiring on that point? It will certainly be a long time before the human mind becomes sufficiently subtile and credulous to construct and believe a series of hypotheses so rudely contrary to firmly established facts. Is it expected to so educate the human mind that it will believe that this germ reaches its full development through various stages, as a mosquito or a moth does, and that it produces a specific effect, a specific disease, in each of its stages of development? And that it may produce all the manifold diseases evidently due to the cause in question or lie quiet in the system, "the men being in splendid health," that it may be promptly violently active or indefinitely latent at its own capricious choosing?

Permit me to add, that the inhabitants of the Mississippi Valley have great cause to deplore the trained, biased, unjust notion that they live continually in a region infested by a specific malignant disease germ by which they may be doomed to destruction at any moment. It is fortunate that many of them have learned from their own observation and in spite of the teachings of the profession, that this lamentable hypothesis is utterly without foundation.

It would be interesting to know at what particular stage in the life of the bug it produces the disturbance noticed in a case that came under my care quite recently.

Mrs. S. D., æt. 24 years; three weeks after her second confinement and when she had about made a complete recovery, therefore had a partial loss of appetite, a slightly coated tongue, highly colored urine, constipated bowels, some headache and muscular soreness for two days, when at 3 A. M., she was attacked with a severe pain in the epigastrium and right hypo-

chondrium, with great tenderness over said region. She was relieved from her suffering after taking three ½ grain doses of sulph. of morph., three-fourths of an hour apart, and the application of mustard. There had been no disturbance of her temperature. She was then given ℥ ss. of bitartrate of potash with a view to its action on the liver, bile passages and intestines. It acted well by the following night, but at 3 A. M. the next morning another paroxysm like the one of the previous night occurred and was treated in the same way with a similar result. There was then given 10 grains of calomel, followed in two hours by sulph. of morph., and a free action upon the bowels was again had in the course of the day; but at the same hour on the following morning she was again awakened by the recurrence of a very severe paroxysm of pain. In three or four hours, after having used the same means for relief, she was again free from pain, although some tenderness on pressure was still present. She was now given 5 grains of cinchona, followed in half an hour by some lemon juice every three hours. She took 25 grains previous to 3 A. M. on the following morning. At that hour she had fallen asleep; at about 4 A. M., she was awakened by a feeling of distress in the region where the pain of the previous nights had occurred, but it was not severe and kept her awake for only about half an hour; then she again fell asleep without having taken any medicine or used any means whatever for its relief. During the following day and up to midnight of the following night, the cinchona was continued; since then there has been no return of the paroxysm and she is now in good health without having taken anything further.

During the whole course of this case, there was not any disturbance of temperature, no fever and but slight disturbance of the circulation and which appeared to be mainly due to the pain.

Now, if the several cases of different types of the fever which occurred in the Rocky Mountains were caused by modifications of the same germ (and as I have no doubt that the periodic pain in the case above reported, was due to the same cause as that of the Rocky Mountain fevers), what special modification or stage of development of the bug was present in this case of typical bilious colic? Or is this modification peculiar to women who have been recently confined? *Quien sabe!*

Reports on the Recent Progress of Medicine.

Otological Excerpta. By S. Pollak, M. D., of St. Louis.

The Transmission of Sound to the Expansion of the Auditory Nerve, as Compared with the Transmission of Light to the Retina. (Wharton Jones, *Lancet.*)—The distinguishing characteristics of the parts of the eye which transmit the light is *transparency*, that of the parts of the ear which transmit sound is *vibratility*. Whilst both these physical properties are prone to be impaired or destroyed, the special nervous expansion peculiar to each organ may have its energies enfeebled or annihilated by various morbific influences; so there is blindness in the one and deafness in the other, against which we have to struggle.

The membrana tympani being thrown into vibration by sonorous undulations which the air in the auditory passage has received from without, communicates undulations to the air in the tympanic cavity, which undulations again throw the membrane of the fenestra rotunda or cochlear fenestra of the labyrinth into vibration. From this vibrating membrane of the cochlear fenestra, undulations are propagated to the *perilymph*, the watery fluid which fills the scalæ of the cochlea and intervenes between the walls of the rest of the osseous labyrinthic cavity and the membranous labyrinth. The membranous labyrinth within which are the expansions of the auditory nerve, together with the viscid fluid named "endolymph," and certain calcareous concretions named "otolites" is struck by sonorous undulation from the perilymph, and so the auditory nerve receives the impression of sound.

Whilst comparing the membrane of the cochlear fenestra with the cornea, we might compare the cavity of the cochlea with the chambers of the aqueous humor, the perilymph with the aqueous humor itself, the lamina spiralis with the iris, the helicotrema—or aperture by which the scalæ of the cochlea communicate with each other—with the pupil, the endolymph with the vitreous, and the calcareous concretions with the lens

Accumulation of Cerumen Simulating Chronic Bronchitis. (Leason, *Lancet.*)—Mrs. V. had suffered at intervals of from three to five years several attacks of acute and sub acute bronchitis, from which she recovered, her lungs being left fairly free from physical signs, but which slowly then increased, much to her discomfort, and defied all treatment. She had a violent morning cough, lasting oftentimes nearly an hour, and terminating with vomiting about half a teaspoonful of glairy mucus. So severe was this morning cough, that she dreaded rising, having generally to rest several times during dressing from exhaustion. The bowels and bladder were relieved almost involuntarily. All sorts of plans, schemes and remedies were tried, but without success, and the case was abandoned as being a hopeless one of chronic bronchitis.

For about two years she had suffered from increasing deafness, and had also lost hearing on one side. Lately she began to complain of the good ear being affected, and one morning I was called to see her, on account of almost complete deafness.

On examination, both ears were found filled with inspissated cerumen, which, after much syringing and soaking with oil, was removed, and her hearing was completely restored. From that day she has entirely lost her cough and sickness, and appears to be quite another woman.

Accumulation of cerumen in the ears and bronchitis both chiefly affect those advanced in life. It may be that a connection between the two as cause and effect, has hitherto been overlooked. However, in any case of prolonged and troublesome cough, which resists the ordinary remedies, careful examination of the external auditory canal should be made.

The explanation of the case is now easy: the cough was simply a reflex one. Aural surgeons know, that foreign bodies in the ear are frequently attended with dry cough. Coughing can be excited by tickling the auditory canal.

In this case, the stimulus seems to have traveled down the vagus, stopping a little while at the pulmonary plexus, and then following the pneumogastric through the diaphragm to the stomach, causing in the first place a flow of mucus and secondly vomiting.

The anatomy is more difficult. The auricular branch of the pneumogastric nerve supplies the skin *on the back* of the ear, whilst the skin of the external auditory canal is supplied by the

auriculo-temporal branch from the third division of the fifth. This being proven by dissection and by the frequency of earache accompanying toothache and malignant disease of the tongue, by the stiffness of the jaws accompanying earache.

A Musical Triangle. (Rehmann, *Archives of Otology.*)—As a musical triangle, he describes a configuration of the vocal cords, by which on their surface a triangle is discovered that is acute or obtuse, according to the tone register of the individual examined. By such a triangle some conclusion can be drawn as to the tone formation which would be of value in instruction in singing.

Loss of Hearing from a Kiss upon the Ear. (Roosa & Ely, *Archives of Otology.*)—Mrs. H., æt. 42. Last winter her husband came up behind her as she sat reading and kissed her suddenly upon the right ear, taking her completely by surprise. She suffered a great shock, and had a roaring in the ear for some time. The incident made her very "nervous" for two or three weeks afterwards. During the past summer she was told by her relatives she was becoming deaf on the right side. She paid no attention to it, until six weeks ago, when she tried her right ear with her watch and found she could not hear it. She could hear a whisper with the right ear during last winter and spring. Has had occasional tinnitus after taking cold. Enjoyed music formerly, but does not now. The piano practice of her children annoys her. Whistling is particularly disagreeable. All noises disturb her somewhat, so that she "felt afraid that she was becoming nervous." General health good. Menstruation regular. No cardiac trouble detected. Father died of paralysis. H. D. R. $\frac{P.}{40}$, L. $\frac{40}{40}$.

Tuning fork on teeth or vortex seemed louder in the left ear. It slightly intensified in the right by plugging, but much more in the left. Aerial better than bone conduction on each side. The drumheads are both alike and show nothing to account for deafness. Air enters the right drum by both catheter and Politzer's method, but does not alter hearing. All notes of the piano are heard, but do not sound "clear." Naso-pharyngeal space and the mouths of the Eustachian tubes are found normal.

This seemed to be a case of deafness from affection of the labyrinth, with no apparent cause except the kiss upon the ear. The concussion from the kiss may have caused the loss of hear-

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Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine. Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7 Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
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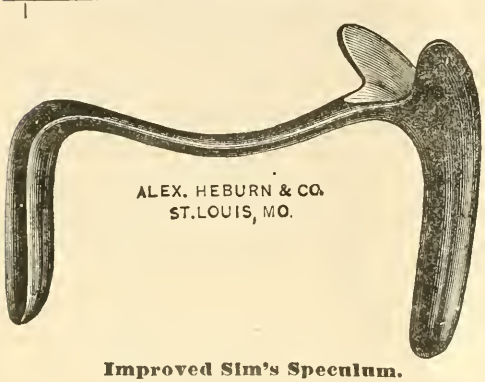

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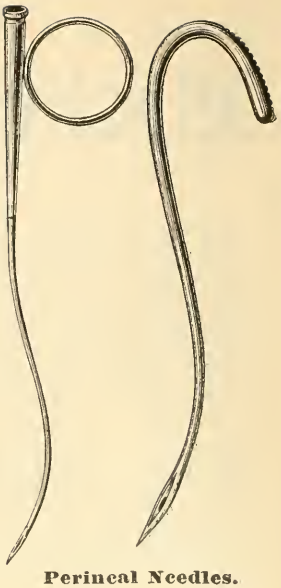

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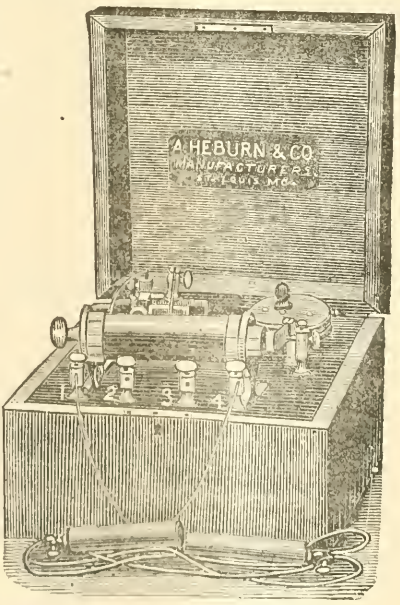

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ing at once; or, as seems most likely, it may have produced changes in the labyrinth, which, in combination with the general nervous shock, served as a foundation for a gradual loss of hearing subsequently—as, for instance, by some atrophic process.

Serious Syncope from Inflation of Middle Ear by Politzer's Method.—(Roosa, *Archives of Otology*).—Miss P., æt. 19, complaining of deafness, and "confused feelings" in the right ear. There was a history of pain and discharge in that ear after scarlet fever, at the age of two and a half years.

The hearing was R. $\frac{0}{48}$, L. $\frac{48}{48}$. Tuning fork on teeth heard better in left ear. Right drumhead cicatricial and hyperæmic. Left sunken, no light spot. After inflation by Politzer's method, she had a serious attack of syncope, from which recovered very slowly. At her next visit she fainted again after a most gentle inflation through Hinton's tube. The catheter was not used at either visit.

The improvement in the hearing and in the sensations of the right ear from inflation made her "feel strange," and this may have had something to do with the fainting. She had a very nervous temperament and was anæmic. She gave the impression of being too tightly laced, and of being improperly managed generally. Dizziness after inflation is not uncommon. Syncope from inflation by Politzer's method, properly performed, has never been recorded before.

Proceedings of Medical Societies.

TRI-STATE MEDICAL SOCIETY.

EFFECTS OF MATERNAL IMPRESSIONS ON THE FŒTUS IN UTERO.—By W. B. FURMAN, M. D., of Henderson, Ky.

MR. PRESIDENT AND GENTLEMEN:—As a committee on "Effects of Maternal Impressions on the Fœtus in Utero," I find myself charged with a subject extremely obscure, and one but illy illuminated in medical literature; a subject best viewed from a physiological and psychological standpoint. The study of embryology affords us additional light. Still it must be confessed that our most reliable and positive evidence is furnished, not from a train of scientific reasoning, but from certain causes leading directly to *results*, these results or effects having direct relation with the cause and occurring with far too great frequency and regularity to be ascribed to *simple coincidence*.

That the delicate yet powerful forces of nature operate through the mother in producing hereditary diseases and deformities, as well as beauties, all are prepared to admit. That *maternal impressions* influence the physical formation of the fœtus, there is not by any means the same unanimity of opinion in the profession. A correct knowledge of the intricate and beautiful nerve distribution, which each is supposed to possess, adds materially to the interest as well as progress in tracing out the physiological relation of the mother to the fœtus, and the development of the latter.

The co-relation of the physiological and psychological forces is unquestionably demonstrated, *and forcibly*, in the effects of impressions upon the mind, giving such results as fall under our observation in this connection. The cells of the cerebral centre, with their regular supply of minute nerve filaments, reflect to the extreme bounds of nerve distribution *impressions*, these impressions increasing, decreasing or radically changing cell growth in certain tissues or organs.

Epitomizing the process of conception and pregnancy, we have first the fertilization of the ovum, its discharge through the Fallopian tube, its reception into the folds of the mucous lining of

the uterus, here becoming rapidly surrounded and covered by the decidua reflexa. Nourishment is supplied by means of the villi of the chorion, they receiving by endosmosis and transmitting elements of nutrition from the mother.

After the third month, we have a portion of the villi transformed into the fœtal placenta, the remainder undergoing atrophy, the placenta delivering to the child vitalized ærated blood through the umbilical veins, the blood returning from the child through the umbilical arteries loaded with carbonic acid and tissue waste, to discharge through the placenta, by exosmosis, the products of decay. A remarkable evidence of the individuality, so to speak, of the fœtus is shown in the independent development of the blood corpuscles, the process being described thus by Paget: "As described by Vogt, Köllicker and Cramer, they are large, colorless, vesicular, spherical cells, full of yellowish particles of a substance like fatty matter, many of which cells are quadrangular and flattened and have been called *stearine plates*, though they are not proved to consist of that or any other unmixed fatty substance. Among these particles each cell has a central nucleus, which, however, is at first much obscured by them. The development of these embryo cells into the complete form of the corpuscles is effected by the gradual clearing up (as if by division and liquefaction) of the contained particles, the acquirement of the blood color and of the elliptical form, the flattening of the cell, and the more prominent appearance of the nucleus."

Carpenter declares that "the first red blood corpuscles have their origin, like the original cells of the solid tissues, in the primordial cells of the germinal structure, and it is in the so-called 'vascular layer' of the blastodermic vesicle, and in the mass of cells which constitute the rudiments of the heart, that this metamorphosis seems first to take place."

While the above statements are probably correct, the fact should not be lost sight of, that without a constant supply of pabulum from the mother, the fœtus must perish; so that, while the blood corpuscles are formed in a manner apparently independent of the mother, it is clear that within the pabulum conveyed, exists the essential elements of vitality and development.

We can scarcely claim that maternal impressions invariably affect the mental or physical formation of the fœtus; that the barriers erected by nature's conservative forces should be over-

leapt, at times, and a lasting impress photographed upon the child, we have testimony which it is difficult to disbelieve.

Believing that such impressions are conveyed to the child through (or rather by means of) the nervous system, we are confronted by the fact that, between mother and child, no direct nerve connection exists, the most careful researches of physiologists failing to demonstrate satisfactorily such connection. We are left to conclude that it is through *the blood* that all development is wrought in the fœtus, from its earliest conception to separation at full term. The vital fluid itself, as we all know, is prepared in the alimentary tract, elaborated under control of the nervous system, to be conveyed under the same guidance, to meet the requirements of development and repair. To this view it may be objected that the mother's blood cannot pass through membranous tissues, all fluids from mother to child passing by endosmosis, and that the theory of influences, being conveyed by this method, must therefore fall. That the child is nourished from the mother alone by an endosmosis of certain elements of the blood, must be admitted. In order, however, to sustain the fœtus, it must be vitalized, and its chemical affinities preserved. Being the only demonstrable channel of communication, we adhere to the proposition as expressed.

To further sustain this position, we may call attention to the fact (which many of us have seen demonstrated), that children are born in the eruptive stages of the zymotic diseases, and exhibit, like the mother, an unmistakable eruption. How else than through the blood could the specific germs of these diseases be communicated?

In volume xxv. of the *Richmond and Louisville Medical Journal*, I have read, with great interest, a very ingenious paper from the obstetrical section of the Toledo Medical Society, by Thomas Waddell, M. D. After reviewing the subject (which we are considering) at great length, he concludes thus:

"Providence has not left the development of the human fœtus to the maternal whims and caprices, to an imitative metamorphic power, which would result in reproduction of every object which impresses the mother's mind with disgust and horror. We can but admire the provisions which have been made to shield it from such influences. Up to the third month its attachment is far from being intimate, very recent investigations showing that as late as the second month the ovum is loosely attached to the

uterine decidua. It is certainly not reasonable that the mother can influence the fœtus at such a time and under such anatomical conditions.

"Yet modern experimental embryology proves that the causes of fœtal abnormities have their origin in that period of embryonic life, while the embryo is still homogeneous blastema.

"After the formation of the placenta these protective conditions still obtain, for the vessels of the cord and placenta have no vaso-motor nerves, thus effectually shutting off the injurious influences of the mental perturbation of the mother."

Concluding, he declares that "Facts are strongly confirmatory of this reasoning, as witness the great frequency of mental impressions of the mother, and the rarity of deformity."

It is but necessary for us to call attention to a few of Dr. Waddell's premises, to show what little logic there is in these deductions. He says, "During embryonic existence, certain parts may be hindered or arrested in their development, while the other organs, not directly connected with them, may continue their evolution and become fully developed."

This we do not deny; but does the fact, by any means, strengthen this position?

Again we read, "Any agency causing arrest of development of any portion of the fœtus, must necessarily operate prior to the evolution of that part." I ask how is it possible to prove this statement, which is declared "a fact?" As close an observer as Dr. Segnin declares that, "Impressions will sometimes reach the fœtus in its recess, cut off its legs or arms, or inflict large flesh wounds before birth."

Again we read, "Such peculiarities, in common with family resemblances, are frequently transmitted through generations." We readily admit this, but fail to see how the fact would assist them in reaching these conclusions.

He declares, "that the development of the abnormality in such cases (monstrosities) depends upon local anatomical causes, and is governed by definite laws." This is a bold statement. What laws can be shown in embryology to prove this assertion?

He then asks, "Can the mother's mind so act on the fœtus in utero as to cause its arrest, in whole or in part, and produce resulting deformity?" Dalton, Hammond and Carpenter declare affirmatively. The latter says, "These effects (mental impressions) may be manifested, either in the general atrophy and

death of the fœtus, or the imperfect development of certain parts of it."

We are asked, "Can the mother's mind produce the diseases of the uterus and its membranes, which result in false bands or adhesions, which cause amputations and other deformities?" Who can doubt that various conditions of the mind are often productive of local disease? If we admit they are not, for argument's sake, can it be proven that uterine disease has ever produced deformities or monstrosities? Let us for a moment consider the very great number of child-bearing women laboring under uterine diseases; yet how many of us have observed, as a result, the limbs of their children encircled by adhesions, or amputated thereby?

Again it is asked, "Is it possible for maternal influences to destroy or deform one fœtus in utero while another, enclosed in the same membranes, is uninjured?" We would ask, why not? Scores of instances showing arrest of development of one fœtus, in cases of twins, are on record, and without evidence of local disease of the mother to account for the lack of development.

Dr. W. finally declares that "every known form of monstrosity found in man has its analogue in the lower animals—birds, fishes and reptiles;" and asks, "If such deviations from the normal state obtain in fish and fowl under circumstances precluding maternal influences, how is it possible to ascribe them to such influences when occurring in the human race?"

Are any of us prepared to accept the comparison as just, or the analogy as perfect? Were we forced to accept the position he would drive us to, how disingenuous and incorrect his conclusions, for by what process of reasoning or speculation could we deny to those little animals the influence of maternal impressions, in determining changes in the ovum, after (while at the same time claiming that impressions may operate) it is encapsuled and shut off from the mother's influence?

There are many determining causes, of which we can judge only by effect. We would be rationalists and skeptics, indeed, to believe nothing except what is capable of demonstration, otherwise than by effects produced.

None will question the fact that the influence of sunlight is essential to all vegetable growth; yet who can explain fully or satisfactorily its *modus operandi* in bringing forth the tender

blade, the elegantly tinted flower and green leaf, those beautiful results we recognize with our senses.

We would cite a most striking instance authenticated by Carpenter, as showing the wonderful influence of impressions in controlling the process of nutrition: "A lady who was watching her little child at play, saw a large window-sash fall upon its hand, cutting off three of its fingers. She was so overcome by fright as to be unable to render it any aid. A surgeon, who was speedily summoned, having dressed the wounds, turned to the mother, who sat moaning and complaining of pain in her hand. On examination three of her fingers were found swollen and inflamed, though they had ailed nothing prior to the accident. They sloughed afterwards, discharged, and the wounds ultimately healed."

Again, the influence of violent emotions and impressions on the various secretions is not doubted. Especially is this apparent in the secretion of the mammary glands, the flow of saliva and of the tears.

Returning to our subject proper, Carpenter expresses the opinion that, "It cannot fairly be thought improbable, that the developmental processes of the embryo should be *powerfully affected* by strong emotional excitement, on the mother's part. He calls attention to the fact, that during the seige of London, in 1793, out of 92 children born in that district, within a few months afterwards, 16 died at birth, 33 lingered and died in a brief period, 8 became idiotic, and died before 5 years, while 2 were born with numerous fractures of their limbs. Showing out of 92 children, 59 destroyed, through the medium of the mother's emotion and fear."

Carpenter then declares "The view here stated is one which ought to have great weight in making manifest the importance of careful management of the mother, during the period of pregnancy, since the ultimate constitution of the offspring so much depends upon the influences thus operating upon its most impressible structure."

We assume that maternal impressions influence the fœtus, through the nervous system, and by means of the blood, since it is the only means of communication. Do we find results from these operations? Most assuredly; and in well authenticated instances, we have the result foretold by the mother, before she sees the newborn babe, by lamenting its deformities.

The question naturally arises if maternal impressions possess the power of determining changes in the unborn, at what stage are they most operative, and does their action cease as pregnancy advances.?

We believe these influences to be more powerful during the earlier weeks and months of pregnancy, otherwise nature would be compelled to undo what she had already accomplished, thus moving in direct opposition to her established laws of order and progression.

Dr. Tyler Smith says that "The whole human fabric is the result of *fission* an innumerable number of times repeated, of the single fertilized embryo cell."

In the plastic state, with a rapid aggregation of cells, though the connection with the mother might not be very intimate, how reasonable that through undue disturbance of the presiding centres, changes of supply and demand might be determined. Later the embryo, as it were, attaining individuality and solidity, and becoming better prepared to resist arbitrary changes.

An interesting fact, and one difficult to account for, is exhibited in the resemblance borne the father of the first offspring, by the following progeny, the latter being by a different father. This is commonly observed in the inferior animals; indeed, it is well recognized, and accepted by farmers and stock raisers. We are prepared to accept the same theory of mental impressions through the nervous system of the mother in explanation of these results.

We believe that abnormalities of the pregnant state occur, which can by no means be ascribed to the effect of maternal impressions, for instance the bearing of twins, double monsters, and hereditary diseases. Double monsters are shown by microscopical examination to originate in a single ovum. Dr. Dunster says "If we assume that a double primitive trace is laid down on a single ovum, or that a single primitive trace splits by fission, more or less completely into two, we can easily account for the formation of double monsters, for first the sex must be the same, and second the union will be homologous."

We sometimes find abnormalities of the fœtus from a knotted condition or an encircling of the cord around one extremity. I have within the last few days received a letter from Dr. S. S. Thorn, of Toledo, who gives the following account of a case in point: "I have now in my office a four months fœtus, cast off

because of impeded circulation through the cord. The cord surrounds the left thigh, in the lower part of the middle third, the loop being a single knot. At delivery there was considerable constriction at this part, the thigh and leg being much reduced in size below the constricting band. Amputation was evidently under way." This is a fair illustration of the effect of a purely mechanical cause. We are justified in regarding such cases as extremely exceptional, and believe that when amputations occur as a result of maternal impressions, it is by an absorption of the part, the process being determined by the forces regulating nutrition and residing in the vital fluid.

All who contend that amputations occur solely as a result of constrictions, readily admit that the amputated extremities are scarcely if ever found on delivery, and believe that after amputation they are absorbed. I would ask if these forces are capable of accomplishing absorption after amputation, why may not the same forces operate prior to such an event; in fact why should the constriction be by any means necessary? Going behind all this, however, will any assert that these bands or adhesions must depend upon a local diseased condition, and may they not rather have a prime cause in disturbances of the nervous centres, which unquestionably preside over the whole process of conception and pregnancy?

Could we show beyond cavil that the nervous forces operate upon the unborn in the grade of animals, next to men, their applicability to a higher order of life, would convey some force.

Sacred writ teaches that the Patriarch Jacob ignorantly yet successfully availed himself of the device of erecting wattles before his watering troughs, the rods being alternately white and dark. Here the sheep during conception and pregnancy drank, with the result of producing a large per cent of ring-streaked and speckled progeny, thus depleting old Laban's flocks.

It is contended by sportsmen that the bitch, in order to produce a sagacious and ready progeny, should be hunted during pregnancy, and I can give it as my experience, that among such offspring I have found the best hunters and retrievers.

I hold in my hand a specimen kindly furnished me by Dr. J. H. Letcher, which he denominates the elephant pig. Examination discloses the skin, head, trunk and ears of the elephant. It possesses the following history: It was pigged some months ago, and brought to Dr. Letcher, who, on inquiry, learned that about

six or eight weeks previously a menagerie had passed through the streets of Henderson, having with it several elephants; that they were seen by this then newly pregnant sow. That they approached very nearly to and frightened her is probable. We infer she saw the elephants, a profound impression was made, this was transmitted by nerve influence and by means of the blood to the organ just at that time, in the most exalted and susceptible condition, finally imprinting upon this much of her progeny the skin, trunk, head and ears of the frightful object beheld.

The impression most probably was not soon forgotten, so as cell growth progressed (under the stimulus), we have finally the pig at full term, with the perfect physiognomy of the object of its mother's dread. Dr. Waddell would perhaps tell us gravely that this sow was no doubt laboring under some local disease of the womb or membranes.

A case identical with the above, and well attested, occurred several years ago at Shawneetown, Ill., the pig exhibiting, like the specimen presented, the skin, head, trunk and ears of the elephant, which a short period before had passed through the neighborhood.

Regarding comparative embryology, these illustrations must suffice in this brief sketch. If we descend lower in the scale of animal life, the analogy must weaken, there occurring in the higher order of animal life *no period of incubation*, after separation of the ovum, from the maternal influence. In the egg producing class, it is claimed that deformities and monstrosities can be produced by external impressions upon the egg, viz.: By heat, irregularly applied, by cold, by position, etc. This, as we have before stated, proves nothing, for each egg experimented upon may, before its separation from the mother, have contained a monstrosity, and being subject to external impressions *after separation*, must surely have been subject to impressions, from the mother, while in the plastic state, and undergoing cell proliferation and growth.

In the human family, instances have come under the observation of perhaps every member of this society. We will offer a few illustrations of our subject. Dr. Thos. Taylor, of Henderson, relates the following instances as occurring under his observation: A lady who had a great antipathy to frogs, was very much startled and alarmed (being several months advanced in pregnancy) by having a tree frog to spring upon her. After the

birth of her child she requested that it be examined immediately, stating that it would be found marked with the impress of the frog. Examination revealed the exact image of a frog upon the inner side of the child's thigh.

Again Mrs. H., being two or three months advanced, was reclining on a sofa just under an open window. While she was asleep a jackass which had been browsing in the yard came up, and putting his head through the open window brayed just over the sleeping woman, who awoke terrified. She was delivered of a child, still-born, having the head and complete ears of the jackass.

Dr. P. Thompson vouches for the following: A family servant woman, being pregnant, was one day, while crossing the lawn, attacked by a ram and by him struck to the ground and terribly shocked. Her child at full term exhibited, though a full blooded negro, the peculiar white looking eyes of the sheep, and as he grew up his hair, though kinky, was perfectly white like wool. In addition to this, and more remarkable than all, he always gave forth the peculiar scent of the sheep, it being especially marked when he was heated and perspiring freely.

Dr. S. Furman gives the following as occurring under his observation while in Florida some years ago: A lady about two months pregnant sat on her porch, when she saw a large land turtle or gopher making its way under the house. She called to a servant, who rushed out with an ax, and before the lady could interfere crushed in its skull with the keen blade. The lady fainted, and at full term was delivered of a monster with the rounded body and peculiar feet, or rather paws, of the gopher.

Dr. Trenholm, of Montreal, Canada, in No. LV of the *Obstet. Jour. of Great Britain and Ireland*, states that the following cases occurred under his immediate observation: When somewhat more than half advanced in gestation, a pregnant woman's youngest child was brought home with the skin of its forehead cut open and the face covered with blood. When the babe was born it had the side and front of the forehead depressed, the eyes out of their natural position, with a well defined cicatrix, in the exact position of the cicatrix on the face of the injured child.

He says: "In another instance, a friend of mine while pregnant saw a man going along the streets on his knees, both legs having been amputated below the knee-joints. The sight so

disgusted and horrified her that she could not banish the impression from her mind. The result was that *both limbs* of her child were absent, to the same extent as in the person whose disfigurement had so miserably impressed her."

Dr. Weis, of Hagerstown, Maryland, mentions the following as occurring in his practice: "A lady during pregnancy carried with her a pocket edition of Moore's poetical works, which she read almost constantly. Her child at three years of age exhibited a most wonderful gift of putting sentences in rhym; in fact, naturally expressed his little ideas and thoughts in flowing measure."

So we might go on multiplying instances did time permit, or were it necessary to do so. The illustrations given are but a type of hundreds that could be given, but the recitation would be wearisome.

We have no means of determining the *frequency* of deviation from a normal condition, as a result of maternal impressions. Many mothers have a superstitious dread of something being wrong, with the child perhaps having experienced no impressions. Others feel startling impressions, the child sustaining no injury. This proves nothing against the position we take, especially when weighed with positive evidence, as exhibited in the hundreds of practical illustrations recorded and well authenticated. It is more rational for us to dwell on the importance of enlightening humanity upon this subject, and guarding the coming generation from the effects of *untoward* maternal impressions upon the unborn. Who can compute the burden of sorrow, and evil, and deformity mental as well as physical thus originated, to be continued from generation to generation like a wave over the almost boundless ocean of time. How powerful for evil may I will say *must* be the results of poverty, intemperance, wretchedness, anxiety and anger, aside from sudden shocks and terrors. On the other hand how elevating and priceless the effects through the mother of happiness, joy, refinement and pleasant mental activity.

Were the laiety forewarned, how closely would public opinion require the pregnant women to be guarded against evil influences and trying conditions, and seldom, except amongst the most besotted and ignorant, would such instances as occasionally occur be recorded.

It is claimed that this latter class are less liable to these

accidents than the more refined and cultivated, and with plausibility, as the enlightened intellect is more susceptible to impressions, and the cultivated sensibility more amenable to shock.

From a *speculative standpoint*, who can estimate the possibilities of enlightenment and improvement to the human race by an acceptation and utilization on scientific principles of the fact that maternal impressions do sometimes determine the mental as well as physical endowments of the fœtus.

We may yet live to have the child in utero being prepared for usefulness as a poet, a statesman, a lawyer, an athlete, or possibly the maternal impressions might be so powerful as to evolve a worthy member of our most honorable profession, and a lasting boon be thereby conferred upon humanity.

MADISON CO. (ILL.) MEDICAL SOCIETY.

MEDICAL ETHICS. By A. M. POWELL, M. D., of Collinsville, Ill.

Perhaps no greater truism has been uttered than that "Jealousy is the bane of the medical profession." In city, town and village we find members of our profession watching with eagle eye the movements of their confrerés, apparently anxious to detect the least breach of courtesy—the least false step—ready to seize upon a straw with which to light the fires of their indignation—ready, upon the slightest provocation, to deal damnation upon the devoted head of a recusant brother. This fact is so patent that even the laity have become fully aware of it, and use this state of things as a common fund of amusement for themselves—a sort of standing joke upon the profession—a sweet morsel of food for vulgar gossip.

Now, since doctors are supposed to be made up of the same elements that enter into the average human being; since there is supposed to be nothing peculiar in their minds and organizations necessarily leading them into the grosser foibles but too common to our race, since there can be nothing in the practice of the healing art that can conduce to individual or collective baseness, we are prone to ask the question why are the members of our profession so universally victims to the green-eyed mon-

ster? Why is it that in ours more than in all other callings its members are so perpetually at war one with the other? We are driven to seek a solution of the mystery by considering motives outside of those usually governing men in ordinary business and social relations.

In our opinion this solution will be found, partly at least, in the fact that our profession has set up for its guidance a code of ethics which, while it contains the features that should govern gentlemen in their professional intercourse with each other and with the world, also contains provisions at variance with practical, every day common sense and all usage in other professions; a code so unnatural, far-fetched and *stilted* as hardly to be understood by the many, and respected and appreciated by only the few in or out of the profession. By the provisions of this code we are so hedged about—confined to so narrow limits, in many things, that it would be expecting too much of human nature to suppose more than a few of the profession will be governed by it. Its subtleties and fine distinctions are such that the laity not comprehending are led only to despise it. The result is, we daily witness large numbers of the members of our noble calling violating the spirit if not the letter of the law; seeking rather to hold with the latter while evading the former in every essential particular.

It is the bent of the human mind to resist unnatural restraints, and therefore, when these are applied, it is but natural that no means should be left unused to evade unjust provisions. This tends to weaken the force of those which are just and thus lead to violation of all, breaking down all the barriers to absolute freedom of action. Hence we see numbers of our brothers who, while professing to hold to the letter of our ethical laws, are covertly violating their spirit, committing numberless wrongs and thus breeding that jealousy which we so much deplore, and which is daily dragging our profession down into the mire and filth of dissimulation and degradation, alike disgusting to our right thinking members and the laity who are ever on the alert to detect our shortcomings.

It would be amusing, if it were not so disgusting, to note the actions of the average doctor, when opportunity offers for him to make a disingenuous remark or throw out an insinuation by act or word against a neighboring practitioner. As a general thing he will be very careful to do nothing by which he actually

violates the letter of the code—it may be that his weapon is only a wise look, a shrug of the shoulders, a wink, or a nod; but use some weapon he will, for he knows full well that the person against whom he so uses it will, if occasion offer, most likely repay him in kind. These deplorable and discreditable practices are by no means confined to the rural districts, but are freely adopted by the so-called "Lights of the profession" in our large cities, against one another, but particularly against the country physicians of their vicinity, the said "lights" apparently vieing with each other in their endeavors to break down the influence and standing of their country brethren. I venture to say that there is hardly a country physician residing within a radius of many miles of a large city who has not earlier or later been the victim of the foulest treatment by some one or more of these self-assumed "lights of the medical profession." It is so common for these bigoted ignoramuses (for generally the truly learned do not practice it) to take every advantage of a brother, that it may be considered a rule, with few or no exceptions. Every lily-livered, little-souled, pig-headed fellow who, by some inscrutable decree of providence, or perhaps more properly speaking, by the unscrupulous practices of the medical schools, has been permitted to tack the once respectable title of M. D. to his name, and who, by "ways that are dark and tricks that are vain," is eking out a precarious existence, possibly in some back street of some large city, while assuming to be an expert in all branches of the profession feels it incumbent upon himself to deride, decry and scoff at his superiors, particularly if they be of the country.

But these obscure curs are not alone in this ineffable meanness. Many of those who by liberality of education and contact with gentlemen should have learned better, are not one whit slower to use these vile means, though possibly tempting them with a little more *apparent* gentility, to poison the atmosphere surrounding their competitors. This is no exaggeration, no overdrawn picture, as the daily experience of many will attest. A man being very high in the profession, whose income from his practice reaches into tens of thousands of dollars annuallly, said to me recently that it is now next to impossible for a new man, whatever his attainments in the profession, if he be honest, to get a foothold in the city of St. Louis, for the whole troop of dishonest vultures of high and low degree will prey upon him

until he leaves in disgust or speedily becomes a proper subject for the poor house.

Allow me now to say, and I say it with the greatest and most sincere pleasure, that our beloved profession still holds within its ranks in town and country, many, very many of these noble souls who would scorn to sell their professional birthright for a mess of pottage so vile as an advantage either temporary or permanent over a worthy contemporary. Many who value professional honor far above a price and who would scorn to do any act that would degrade our honorable calling. Such men are proverbially modest in self-asserted claims of superiority, ever-ready to award the merit of praise to those who rightly deserve it. Such men while fully realizing the disadvantages of isolation, justly credit the country practitioner with the immense labor required of him in mastering the broad field of a general practice, yielding him due honor for the talent which, unassisted by superior advantages, successfully covers a field, which in cities is divided into a dozen specialities. To these men jealousy is unknown.

If I have successfully shown that jealously is the prime cause of the ills of which we have been speaking, and that their jealousy is the offspring of a pernicious medical Code, you would very naturally ask: is the remedy to be found in cutting adrift from written codes and allowing each to establish for himself a line of action consonant with his views of right? I will frankly answer, no! But I would revise the codes removing the objectionable features, bringing to bear the rules of common sense. This done, I would inculcate the practice of that unwritten Code, which instinctively governs gentlemen in their intercourse with their fellows and which is, perhaps, best formulated in the Golden Rule.

Let each of us strive, by emulating noble example, to ennoble ourselves, thus multiplying good example and thereby constraining men to respect us and emulate our good deeds.

Let each extend a helping hand to a weaker brother or one less fortunately situated than ourselves.

Let each one of us love our professional honor more and the almighty dollar, gained by illegitimate practices, less.

Let all of us cultivate a spirit of kindness, forbearance and helpfulness; of candor, frankness and generosity; of honor and integrity. Let us continually pray, from pride, vain-glory and

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hypocrisy; from envy, hatred and malice; and from all uncharitableness good Lord deliver us!

In a word, let us be true, not to written Codes *merely*, but to professional honor, fraternal trusts and upright manhood. Let each man be true to his instincts of justice and right and practicing these he will not be apt to wrong a brother.

This above all, to thyself be true. And it must follow as the night the day. Thou cans't not then be false to any man.

Thus, and thus only, can we elevate our calling above a mere *trade*. Thus, and thus only, can we hope to win the respect for our profession, which it endeavors to exact from the populace.

THE SOUTHERN ILLINOIS MEDICAL ASSOCIATION.

ADDRESS. By C. W. DUNNING, M. D., of Cairo, Ill., Retiring President.

GENTLEMEN OF THE SOUTHERN ILLINOIS MEDICAL ASSOCIATION:

In discharging the duty which your kind favor has imposed upon me, it becomes my unfeigned pleasure to acknowledge the agreable impressions made upon me by this the Sixth Annual Meeting of our Association.

I am glad to have been permitted to exchange greetings with you and to bear witness with you to the advances we have made in our beloved profession. I would not consider that duty properly discharged, if I were to occupy the closing moments of the session in a mere recapitulation of the dry details of statistics. Neither can I attempt a summing up of the technical work of the session. All this I leave to yourselves, feeling assured that you, like myself, gratefully acknowledge the debt we owe to the painstaking and effective manner in which each member upon whom has devolved a duty, has discharged the same.

I should, however, feel wanting in a due appreciation of the occasion, if I failed to attest the importance of these meetings. They can not be over-estimated. We make new acquaintances, renew old ones, create and cement friendships. We do much more than this and that too of the greatest importance to the non-professional world to whose service we have dedicated our

strength, our intellect and our lives; for we create a higher, a nobler conception of the duties and responsibilites of professional life, in the hearts of our younger members, and we utilize for the benefit of all humanity, the results of experience, discovery and experiment of the best exponents of professional ability. There is thus at once added to the learning of the freshest graduate, who has just plumed himself with the pin feathers of text-book ignorance, the latest practical and experimental knowledge of the maturest veteran in the ranks of the healing art. In our professional relations to the society

"'Tis true, and pity 'tis 'tis true,"

we are most often misunderstood. Perhaps we owe much of this to ourselves. The dignity and sacredness of our calling and our own dignity as members of a presumably learned profession, should protect us from being misunderstood. We should protect ourselves and we should protect each other by every honorable means, from misconception of motive and misconstruction of act. The honorable physician can never bring himself down to the degradation of seeking either popularity or practice by any art. This belongs to the charlatan and *he* should enjoy the monopoly.

The utmost charity does not exact from the profession a tolerance of quackery. The well poised physician cannot for a moment lay aside his individuality, in which probably lies his most assured earnest of success. But his personality never for a moment sinks to the contemptible level of egoism. He will carefully guard the portals of the temple from any profanation by the varying forms of the hydra-headed genus humbug.

There must of course be left the largest margin for individualism and for temporary and ephemerel and sometimes abnormal conditions. Indeed, it is unsafe to hedge ourselves about too closely with dogmas. Those only whose dicta are inspired, or whose dealing is with sciences demonstrably exact, can afford to do this. But we must none the less remember that we have with us a genuine faith, a faith inherited through ages of knowledge, which is ours to sacredly cherish, protect and defend at all hazards, alike from the novelties of heresy and the machinations of conspirators who defraud the public. Innovation is not always reform and mere novelty, though always attractive to the superficial mind, is not discovery. Ours is an endless contest

with the superstitions of the ignorant, and a defensive war to protect ourselves and the public from the evil effects of fancy flights, of a certain class of unsteady and unbalanced intellect, whose learning consists in an abundance of theories, and whose most conclusive judgments are either purely imaginary or altogether inadequately verified.

On the importance and dignity of our profession it is unnecessary to dwell. If I attempt to portray the genuine happiness of those who devote themselves to the help and healing of mankind, it would be but reproducing frequent experiences of your own, and which are the most cheering man can hope for by his own exertion. What position can be conceived of with more of sacredness and sanctity in it than that of the medical adviser? What confidences are his? What utter dependence on not only his skill, but his integrity and his honor? The grim skeleton of every closet is a familiar apparition to him. No glamour of light, no tawdry tinsel of gilded dressing, conceals from him the eating canker sore, which gnaws the soul of those who, smile they ever so sweetly to all the world beside, are indescribable sufferers.

I glory in the knowledge that this absolute and perfect confidence has never been betrayed. Though never solicited, but invariably thrust upon him, there is no well authenticated instance where he sold it for profit or where even the pains and penalties of judicial process could wring it from him when its publication would redound to the injury of person, property or reputation of those relying upon him. What a guarantee for the safety of family harmonies does this fact give? It is most gratifying to professional pride and makes

> "It drink from a chalice
> A king in his palace
> Might barter his crown for
> And barter it well."

The age is progressive. We are accustomed to hear this so often asserted that it would be strange if the world were not now well informed of the fact. It is true we hear also many unmeaning platitudes sententiously uttered as if they were important truths newly discovered. We are regaled *ad nauseam* with choice titbits, scraps and pinches of science to attest the progress of men and science in our own day. We are assured that physical and mental science have made giant strides

towards perfection and that all the arts have burst their bonds and are destined to fill all space with their expended forms. Nobody of men know this so well as we do. Indeed, if what we gave to science was subtracted from the mass, the balance would be somewhat easy to master.

Yet as a body we are accused of being too slow, too conservative; behind the age. In the presence of my compeers, I shall not need to assert the utter groundlessness of an assertion so devoid of every element of truth. To ourselves, always on the alert, keen for the truth in its last development, the charge is absurd, and we feel it could only be formulated and expressed by those too ignorant to know what we have accomplished, or whose motive in making it will not bear scrutiny.

I do not allude to the stereotyped annual charge, furnishing an account of wonderful cures, giving the signs of the zodiac and reliable conjectures of the weather. The vender is generally agent or manufacturer of a pill, compounded from a recipe delivered by the Holy Ghost, through the chief archangel, to the advertiser. Neither do I mean the voudoo and mediumistic peddlers of miracles, but to some whose pretensions are that they are ultra scientific.

Conservatism is *our* safety, and the safety of the public which seeks our services. Æsculapius and Hippocrates were ahead of their age. Galen was no dotard, and Scaliger, with all his faults and follies, pushed the world ahead one step. When Socrates was compelled to sacrifice, his choice of Æsculapius was a proof, from the most perfect wisdom of his age, that even then the true devotee acknowledges the divinity of relief for suffering. Science itself is indebted to us for most of that which is of value, and upon the achievement of which it most plumes itself. The monks of the middle ages, whose rosaries had lancet and pounce bag attached, were the preservers of what was old and valuable, and the fathers of what is new and valuable pertaining to scientific truth.

Whilst our art, from its very nature, has not attained that degree of perfection that assumes inspiration, nor arrogated to itself so great a degree of development as to crystallize its truths into dogmas, yet it has kept abreast of the best literary and scientific culture of every age. We must remain conservative. We can not afford to veer about with every wind of doctrine, nor to be moved by the curiosities of science. To act

otherwise would be to admit that nothing is gained but by new discovery, and to discard and despise every use of our knowledge in its acquisition. Science like this, and which makes such demands, is both insolent and silly, as claiming for itself a separate function of the human mind. The mind in its most perfect form must largely rely on truths attained, verified and relied on for ages, and which offer a firm foundation from which to ascend to greater heights.

We must patiently cultivate our personal powers, but we must take for granted only what has borne the test of time and trial. Let the would-be scientists wrangle as they will over matter, force, form and evolution, we cannot forget that we deal with living entities, images of the living God. We may adopt whatever physical theory we choose, but no physician can for a moment forget, that there is in every patient something above and beyond what his scalpel and probe ever touched, but whose potentiality is the most important factor in the grand compound called *man*. The true physician is as much alive to the æsthetic in human nature, as to the definitions of the text-books. It is convenient to shroud these unknown quantities in general names, and we are forced both for the sake of our patients and ourselves, to use ambiguous terms frequently, to diagnose an ailment, whose chief element is *not* disorder of the body. No one knows so well as the physician the utter impossibility of transcribing to accurate definition, and strange powers, frequently exercised by the mind over the body, especially in such diseases as are said in the significant but inaccurate language of the books, to "lower the tone of the nervous system." Thus it becomes at once apparent that our profession should possess the most accurate habits of observation, and should be prepared by the most careful study, and rigid discipline of mind, to discharge the duties incumbent upon it. Since the possession of a degree is an "open sesame" to the most elevated society in every country, there should be the most careful scrutiny of all aspirants. The morals should be above suspicion, but besides this, a very full and complete literary course, including a fair knowledge of physiology, philosophy and chemistry, should be required of every one who matriculates. The number of medical schools should be decreased and their strength thereby enhanced. The student should be compelled to pursue the regular course for full two years before obtaining a license, and should then walk the hos-

pitals at least another year before asking for a degree. The man with a true incentive will be well able to attain all this, and the enforcement of such a preparation would no doubt lessen the annual crop of graduates, but the loss in avoirdupois would be fully made up in another direction. Minus quantity plus quality.

It is creditable to the medical profession that it is, even *what* it is, in this country. The temptations held out to mediocrity and incapacity by our innumerable schools, and the ruinous competition of cheapness, which makes the serious business of study and preparation a mere farce, tend to belittle and degrade the whole profession. That it has not *quite* succeeded, is an evidence that what motives soever by which men are actuated in coming to us, the dignity and responsibility of his position at once elevate him, and force him to a pedestal of merit, creditable to common honesty, but particularly to the *esprit de corps* of his fellow practitioners.

The requirements of the profession are constantly being increased. The advancement all along the line of the sciences, must find us prepared to avail ourselves of the latest developments. Though we may not in this age be startled by a discovery so grave in its consequences as that of Harvey, yet the revelations of the microscope, and the discoveries in chemistry, leave us no option, but to go on and prepare ourselves for new discoveries yet to be made, and which it is to be hoped may soon be made, for the alleviation of suffering every where. That there is room for our science yet to develope, we must sorrowfully acknowledge. That we have in our ranks as daring spirits as ever risked themselves for the world's good, needs no further proof than the history of every epidemic that ever brought terror and death to our midst. *If martyrs are saints*, we can pre-eminently claim that sanctity; the sanctity of humanity is characteristic of our profession. To meet the rising exigencies there are required, a cultivated judgment, self-possession, courage, energy, self-reliance, a love of truth, a clear head, and a steady hand. Tenderness, sympathy, delicacy and artistic feeling are adjuncts never out of place in the physician. Above even these, he requires a pure conscience, and so exquisite a sense of honor, that even when a chosen apostle shall fall, the doctor shall be stainless and true to his trust.

It is he who is the witness when a new life is ushered into

existence. Through the years that intervene he is the trusted adviser in every difficulty; and finally, dumb and helpless, his skill exhausted, *he* is the privileged counselor and sympathetic friend, whose tender regard consoles the bereaved for the loss no skill could prevent. Everywhere he is at home, trusted, confided in, and implicitly obeyed, as a monarch. He is a real monarch, whose sway is acknowledged as supreme, alike in the mansion of the affluent as in the cottage of the poor, and no more limited than the boundless sea of charity.

Gentlemen, it only remains for me to thank you for the honor I have enjoyed, and to beg that you will permit me to join you in the tribute we lay at the feet of our new President. Let us coöperate with him and with each other in this work, the highest work of humanity, until our own labor shall have been accomplished, and we can lay down the burdens of life with the feeling that we have been true to our trust, and that the world has been benefitted from our labors.

I hope you will carry away with you pleasant recollections of our Delta City, and that whatever the vicissitudes of the future, there shall always be a green and cherished spot in your memory, which marks the "sixth annual session of our Association." But the most agreable incidents of life, as well as those less so, must have an ending, and however loath I am yet I am constrained to say *vale*.

Translations.

FROM THE FRENCH.

NEW MODES OF SURGICAL TREATMENT. ("Histoire de la Chirurgie Française" par le Docteur JULES ROCHARD. Edit. 1875. pp. 639, *et seq.* Translated for the JOURNAL by B. A. WATSON, M. D., Surgeon to Jersey City Charity, and St. Francis' Hospitals, Jersey City, New Jersey.

RARE SURGICAL DRESSINGS.

The principle on which rests the occlusion method in the dressing of wounds is not a recent discovery.

César Magatus, at the commencement of the seventeeth century, praised the infrequent dressings which accomplished in part the conditions of occlusion. "The natural tendency of wounds" said he "is to heal." That which is necessary to avoid with great care, is the contact with the air, because it irritates the wound; movements of the parts, because they derange the work of agglutination; the washing away of the pus, because it does not constitute a bad envelope, as has been frequently said, but a useful topical remedy prepared by nature for the operation."[1] The same reflections, without doubt, had presented themselves to the mind of D. J. Larrey, when he recommended leaving in place the fracture apparatus, even where wounds or other extensive complications existed, until the seventh, eighth or ninth day.[2]

The authority of the name of Larrey and the accuracy of his observations induced some surgeons of the day to follow his example.

Maréchal[3] and Josse[4] of Amiens especially adopted the prin-

1 Magatus César, *De rara vulnerum medicatione, un de vulneribus raro tractandis. Venetiis,* 1616. Nous n' avons pas pu consulter cet ouvrage, nous le citons d'apres L. Gosselin, (*Des pansements râres,* thèse pour la chaire de clinique chirugicale soutenue á la faculte de Paris, 1851; Paris, 1851), et d'apres la thèse dèjà citee de B. Anger.

2 D. Larrey, *Chirurgue Chirurgicale, t. iii,* p. 566.

3 Les observations de Marechal sont consignees dans un memoire de L. Suzie insere dans les *Archives générales*, 1833, 2d série, t. ii, p. 152, 305.

4 Josse, Melanges *de Chirurgie pratique*, 1835.

ciple of immediate closure and infrequent dressings after amputations; they only removed the dressings on the tenth day, but their manner of procedure did accomplish the conditions of a complete occlusion.

They had preserved the old errors and the charpie, compresses and bandages permitted too easily the passage of the air by which the pus was altered. It was therefore necessary to resort to more efficacious means and to cover the wounds with a truly impermeable dressing.

OCCLUSION BY AGGLUTATIVE PLASTERS.

The cuirasses of diachylon applied over large ulcers represent the first effort made in this direction. This method of treatment has been invented several times and it would be difficult to assign it a date.

In England it bears the name of Baynton's treatment; in France it has especially been recognized by Dr. Ph. Boyer;[5] it has been in use from time immemorial in the marine hospitals. The surgeons who surely invented this means, had not considered the injurious action of the air, but they had empirically established the fact that the ulcer took on a healthier aspect and cicatrized more promptly under this protecting cover and by the gentle compression which it exercises. The sheets of lead mentioned by Révéille-Parise and which have become common treatment in the management of ulcers of the legs, do not act otherwise. We may say the same with respect to the modes of dressing proposed in 1844 to the Academy of Sciences by Langier, Chassaignac and J. Guerin, and we would not delay longer on the subject, did they not form a point of departure for a series of researches of which we shall have to explain the results. In the month of October, 1844, Langier addressed to the Academy of Sciences, a note on the *happy employment* of the *mucilage of acacia and the gold beater's skin in the treatment of suppurating wounds.*[6] This means had already succeeded with him a certain number of times following operations of some importance and among others after the removal of a breast, and he proposed to

5 Philippe Boyer, agrege de la faculte de Paris, *Rapport au conseil general des hôpitaux* et *hospices civils de Paris, sur un mode de traitement des ulceres des jambes, Sans assujettir, les malades ni au repos, ni au regime*, Paris, in, 8, 1841, 16 pages.

6 *Comptes rendus de l' Academie des sciences*, 1844, t, xix, p, 914.

have recourse to it, in a few days, for an amputation of the thigh. He hoped thus to protect the wounds which resulted from bloody operations from contact with the air and to place them in conditions closely resembling those which are obtained with the subcutaneous method. This communication called forth two objections which were introduced at the meeting, November 11th, 1844. Jules Guérin, who already considered as his property everything connected, directly or indirectly, with the method in question, claimed the priority by recalling the trials made two years before for the same object with the aid of the gold-beater's skin in the temporary service of Maisonneuve at the Hotel Dieu.[7] Chassaignac on his part, announced to the Academy, that during three years he had put in practice at Cochin, at Necker and at "la Charite" a mode of *dressing by occlusion* consisting in the application, over the dressed parts of a cuirass of diachylon made of imbricating bands.[8] He recognized, however, that this was only a modification of Baynton's plan and that Velpeau had given utterance to the idea before him of applying it to the treatment of contused wounds.

We will not insist on the polemics which the question of priority raised. Langier did not follow up the idea, but it was otherwise with Chassaignac and J. Guérin; Chassaignac continued to use his cuirasses;[9] he extended even the benefits of the treatment to abscesses in general and abscesses of the breast in particular.

Starting on this principle that the walls of a warm or cold abscess which has been opened, may be compared to the surfaces of a recent wound, he conceived the idea of obtaining immediate union by opening them by a very small puncture emptying very carefully the cavity by means of emollient injections aided by gentle pressure, and finally by use of the adhesion plaster in the occlusion treatment.[10] The occlusion treatment had succeeded so well in his hands, that five years afterwards, in 1855, he

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7 *Gazette medical* de Paris, 1844, 2d serie, t. xii. p. 730.

8 Voyez le comptes rendus legons dans la *Gazette des höpitaux* de, 1849, et le travail d'Etienne 'Trastour dans les *Archives generals dé medicine*, 1862.

9 *Comptes rendus de l'Academie des Sciences*, t. *xix*, p. 1006.

10 Vogez la Communication qu'il fit á ce sujet á la Societe de Chirurgie en 1850 et la discussion qui S'ensuivit. (*Bulletin de la Societe*, t. 1er, p. 679, 688, 697.)

boasted of his success before the society of surgery and claimed never to have observed, thanks to its employment, a single case of erysipelas phlegmon, or hospital gangrene even in the most unhealthy hospitals.[11]

It is not without some astonishment that we hear similar assertions made in regard to every new treatment which makes its appearance. If these statements are true, then we are forced to conclude that secondary accident in cases of wounds, ought to be very little known in the hospitals of Paris, since all the surgeons who practice there, flatter themselves to avoid them with certainty by the methods which they have adopted; but we know only too well what to believe on this and as far as the diachylon cuirasses are concerned, Broce called to mind the fact that he had seen die of erysipelas, at Lariboisiére in the very service of the origination of the treatment, a woman who had been treated in this manner, after the removal of the breast.

Chassaignac, also, was not slow to modify his treatment by introducing a new element. We of course refer to surgical drainage which soon overshadowed all the rest.[12]

11 Seance du 24 Novembre 1855. (*Bulletin de la Societe,* t. vi, p. 276.)

12. E. Chassaignac, *Memoire sur le traitment chirurgical des abces du sein.* (*Gazette medicale*, 1855, p. 40, 57.)

FROM THE FRENCH.

A. H. OHMANN-DUMESNIL, M. D., of St. Louis, Translator.

INDIA RUBBER LIGATURE FOR UMBILICAL CORD.—Dr. S. Budin states that secondary hemorrhages of the umbilical cord are rare, and, in certain cases, where it contains a large amount of Wharton's gelatine. Although ligation may have been well performed, crying and other efforts often induce serious if not fatal hemorrhage. The use of india rubber has this advantage, that the pressure is continuous and strong and it does not cut the cord. There is some difficulty in applying it, which may be obviated by taking a match, or other small piece of wood, and including it in the ligature. It prevents slipping and when the tying is done the match is then broken and the pieces are slipped

from under the ligature. Dr. Dickson, in 1874, spoke of ligating the cord with an electric band, to the Obstetrical Society of Edinburgh, but his ligature consisted of silk and rubber. The author makes the following conclusions: 1. In cases where the cord is large, ligation with flax thread even, if it is tightly applied, may be insufficient to prevent secondary hemorrhage. 2. In such cases the elastic ligature should be applied. 3. The preferable one to use is that having 2 mm. in diameter. It is easily applied when used with a match, as mentioned above, four or five turns around the cord being sufficient. 4. It exercises a continuous pressure on the vessels of the cord, rendering them impermeable thus preventing secondary hemorrhage, and on the other hand, not cutting the cord.—(*Progres Medical*, Jan. 17th, 1880.)

CRYSTALLIZED HÆMOGLOBIN.—M. Picard, at a meeting of the Society of Medical Science of Lyons, gave a method of preparing crystals of hæmoglobin that can be preserved for an indefinite length of time. It simply consists in spreading the freshly prepared crystals on a glass slide, drying rapidly by passing backwards and forwards over an alcohol lamp; and, as soon as dry, curving it with another piece of glass. He exhibited preparations made in 1876, which are still perfect.—(*Lyon Medical*, Jan. 18, 1880.)

DEFORMITY OF THE SKULL PECULIAR TO A TRADE.—Dr. A. Poncet gives a short account of men who saw beams, standing below them and moving them forward with their heads whenever it is necessary, as it frequently is. The weight that has thus to be displaced is from 150–400 kilogrammes and a days work averages 12 hours. All of these workmen commence their trade at the age of seventeen to twenty. No protection is placed on the head, the hair alone affording one. By this means there is developed a periostosis situated in the median line, on the sagittal suture, its greatest thickness being at the vertex. This callus has a length of from five to seven cm. and a mean breadth of 3.5 cm., the edges gradually and insensibly diminishing. This tumor is never painful, and generally smooth, although occasionally mamillated. There is generally a bald spot over the tumor of the size of a silver five-franc piece, the skin being somewhat thickened.—(*Ibid*, Jan. 20, 1880.)

PATHOLOGICAL ALBUMINS.–At a recent meeting of the Biological

Society of Paris, M. Manuel made the following his conclusions on the subject: 1. Pathological albumins most generally differ from normal ones. 2. Among these (the pathological) some change the potasso–cupric solution violet and others do not change the color at all, or give it a very slight greenish tinge. 3. Febrile albumins, i. e., those passed in the urine during a febrile stage, have the latter reaction. 4. Albumins of typhoid fever, besides their action of not affecting the potasso-cupric solution, also present, in a certain measure the reduction of the copper by glucose. 5. In this regard these albumins approach more nearly the peptones in general. 6. Their coagulability by heat and nitric acid permits of their being regarded as the result of the incomplete digestion of fibrin (caseiform albumin.) 7. This albuminoid substance has appeared in patients fed on *bonillon* alone, which would seem to point to an intra-circulatory digestion of the fibrin of the blood.—(*Gazette des Hopitaux*, Jan. 20, 1880.)

FROM THE ITALIAN.

A. H. OHMANN-DUMESNIL, M. D., of St. Louis, Translator.

TORPID SCROFULOSIS AND INCIPIENT CHRONIC PULMONITIS.—Dr. Prospero Merlini gives an account of a case as follows:

Catherine Garibaldi, æt 29, stated that her father had suffered from glandular enlargements of the neck; her mother was always healthy; her sisters and brothers were more or less phthisical. She menstruated at twelve, and was never sick in infancy or childhood. Married at twenty and had a miscarriage at the sixth month, with abundant hemorrhage. Since then she had small tumors which had suppurated for about two years, and her menstruation was irregular. She presented the following symptoms (this was in 1873): She was tall, well developed, muscles voluminous and very flaccid; skin transparent and fine; short neck, ample thorax, large, flattened and dilated nose. The lymphatic glands of the neck enlarged and in the right axilla a fistulous opening leading to a gland undergoing caseous degeneration. On the right side at the angle of the jaw a glandular tumor, of the size of a hen's egg existed, being painful and hard.

The patient had a sense of *malaise* and debility, no appetite, impaired digestion, vomiting at irregular intervals and especially after eating certain articles; menstruation scanty and irregular. On examination the thoracic viscera seemed sound. The abdomen was enlarged, and tender about the umbilicus. The diagnosis was torpid scrofulosis and the treatment consisted in the administration of iodide of iron in pill form, together with iodine ointment to rub on the glandular tumors. The pills were not tolerated and a solution of potassium iodide with tartrate of iron and potassium substituted. Recovery was rapid, and followed in a short time, the functions being all restored to nearly normal.

In May, 1876, symptoms of dyspepsia came on anew and ceased under the influence of mineral waters.

In Nov., 1878, symptoms manifested themselves, showing that the diathesis was not eradicated. Besides those enumerated above she had a frequent and dry cough and a glandular tumor at the angle of the jaw on the left side. She had rigors followed by fever rising as high as 41° C. (105.8° F.) and this followed by copious sweating, the pulse rapidly rising to 140. She rapidly emaciated, easily succumbing to the influence of consumption. Remembering the good effects previously obtained from the use of the iodide of iron and of mineral waters, they were again ordered, but unavailingly. The fever was stopped for a few days by quinine, but it had to be discontinued and salicylate of soda substituted in doses of three grains every twenty-four hours. She improved but little till in February, 1879, when seeing that a new remedy, tayuya, was announced as a specific in scrofula and syphilis, it was used as a last resort in three drop doses three times a day, in a spoonful of water. On the third day of its use there was marked amelioration. The symptoms yielded and the medicine was gradually increased to two grains per day. In April, 1879, the woman was able to go about and kept taking the medicine during May and June. For the next three months she discontinued its use but recommenced taking it and has been well ever since.—(*Archivo Clinico Italians*, Jan. 20.)

[NOTE.—It may be interesting to observe here that Pellizzari of Florence has made extended observations which lead him to conclude that tayuya is almost if not wholly worthless as an anti-scrofulous or anti-syphilitic remedy.—TRANS.]

ST. LOUIS MEDICAL SOCIETY.

Saturday, April 3d.

Dr. LeGrand Atwood, as Chairman of the committee appointed to draft resolutions regarding the death of Dr. J. J. McDowell, read the following, which were adopted:

In Memoriam—John J. McDowell, M. D.

John James McDowell, M. D., was born in the immediate vicinity of Lexington, Ky., on the 16th of February, 1834, and died at Hot Springs, Arkansas, on the 27th of March, 1880, at 1:20 A. M., in the 47th year of his age.

When six years of age he was brought by his parents to St. Louis, arriving here on the 10th day of March, 1840, where, in the schools of the city, and for about one year at Shurtleff College, Ill., he obtained his earlier literary training. While very young he commenced the study of his profession, and residing within the college walls of the Medical Department of the State University, or adjacent thereto in the family residence, was continually associated with leading medical men, and surrounded with anatomical, chemical, pathological and surgical specimens and paraphernalia, so that it may be said with truth that he breathed the atmosphere of medical science during the period of student life. Endowed with fine mental capacity and with favorable surroundings, he earnestly applied himself to the acquisition of professional lore, and graduated with honor at the Missouri Medical College, in the spring of 1855. In the same year he was appointed to the Demonstratorship of Anatomy in his Alma Mater, and continued in this position till 1862, when lectures in that institution were temporarily suspended. He was in 1864 appointed Demonstrator in the St. Louis Medical College, and elected to that position in 1867, discharging with singular ability the arduous duties of this important office. He was in 1873 unanimously chosen Professor of Anatomy, and till after the commencement of the regular course of lectures for 1879-80 continued as such, adding to the already widespread reputation of the institution as a center of learning, and to his own as an anatomist and lecturer.

His lineage was of a lofty order, remarkable for intellectual and professional distinction. He inherited the abilities and tastes of two illustrious families, members of which have written their names indelibly upon the scroll of fame. His father, Joseph Nash McDowell, was the great surgeon of the Mississippi Valley, and founded the first medical school west of the river of that name, whose distinction as teacher and operator has not been excelled, and whose memory remains green and

fresh in the hearts of thousands of his students and collaborators.

His mother, Amanda Virginia McDowell, was a sister of the great Dr. Daniel Drake, of Ohio, and possessed an unusually clear intellect, highly cultivated, conjoined with remarkable firmness of purpose and decision of character. Her moral nature was commensurately admirable; devoted to her husband and children, it was her chief pleasure to seek their happiness, welfare and advancement.

His uncle, Daniel Drake, attained to just celebrity as physician, professor and author, and will be remembered so long as the annals of the West are written or read. Son and nephew respectively of these brilliant professional lights, it remains to be said that he was the great nephew of Ephraim McDowell, who in an obscure country village, remote from civilized centers, where opportunities for professional conference and pathological investigation were exceedingly limited, devised and performed ovariotomy, and with this remarkable contribution to surgery, leaped to the pinnacle of professional greatness, while he thus initiated a procedure ranking among the greatest benefactions to his race.

Hereditary transmission of admirable qualities was the birthright of our deceased brother, and as freedom of thought evolved the idea of safety in ovariotomy, and courageous conduct demonstrated its successful performance, so independence was the distinguishing trait of John McDowell. From boyhood to the day of his sad death, no consideration of expediency, no politic provision, no pressure nor persuation biased his speech or conduct. Individuality marked his character, and as he was a gentleman, the expression of his leading trait conveyed no sting, wounded no tender sensibilities, but conveyed the impression of combined gentleness and firmness founded in high toned principle. Of affectionate and kindly disposition, he endeared himself to relatives and friends, and while a congenial companion in happy hours, he was most sympathetic in the day of distress. No one was more charitable in expression and deed. Beloved by his colleagues, the profession at large, the students, and almost idolized by his patients and intimate friends, his death in the prime of life, in the noonday of his usefulness and ambition, has awakened a general sorrow. No more will his brother professors listen to his counsel and advice in the management of a great institution, nor receive his assistance in elevating the standard of medical education. Never again will his professional brethren obtain his wise admonitions and suggestions; the celerity and precision of speech which marked his instructive lectures, will not again fill the ears of delighted students in the amphitheater. His patients "mourn because he is not," while hosts of friends "in camp and court" sorrow over the irreparable loss of one so true and admirable. He was honored during

life; being dead we cherish his memory, and tender his brother, Dr. Drake McDowell, of Hot Springs, Arkansas, sole survivor of the family, our sincere sympathy and profound condolence in his great bereavement.

John S. Moore, M. D.,
J. S. B. Alleyne, M. D.,
LeGrand Atwood, M. D.,
Committee.

Dr. Stevens, Sr., referring to the death of Dr. McDowell, said: I have ever regarded Dr. McDowell as a man possessing peculiar qualities, not that he was eccentric, but even as a child, as a boy, he attracted the attention of a large number of the friends of the family as being different from most of his age. He was one of those boys you take an interest in and at once, and so he has continued through life. He surrounded himself by a circle of friends who were warmly attached to him. I attended Dr. McDowell's funeral, as did a large number who are here; they will remember the remarks of Dr. Snyder, whose text you may say, was, "he had faithfulness." Faithfulness was the prominent characteristic of Dr. McDowell in the profession and out of it amongst his friends and everywhere. This word implies a great deal. I do not know that I can say anything more.

Dr. Hodgen—I did not call on Dr. Stevens because I thought he could add anything to the eulogy which can be written of Dr. McDowell, but because he had known Dr. McDowell from childhood. I wish to awaken the recollection of the Society to one prominent trait of his character, or rather to one act of his life to which their attention has never been called, because he has never uttered a word in reference to it. To my personal knowledge, Dr. McDowell has during the last twenty years expended the earnings of his laborious profession in taking care of his relatives who were not in a position to take care of themselves—and of others who were dear to him. It has been the business of his life to be engaged in acts of charity of which he never breathed a word. Twenty-five thousand, possibly fifty thousand dollars of his fortune must have been expended in this way. All of his income was expended in this way—in taking care of his brothers and sisters, and he has been the support to a certain extent of a very deserving family, not his own, but one to whom he was under an obligation. Dr. McDowell was in every respect

an honest man, honest in his dealings with the profession and with the public, and honest to his patients.

DR. MAUGHS—I knew Dr. McDowell as a boy. The name of McDowell has a very dear niche in my affections, as those who know me are well aware. After saving up money to take a trip to Europe which his health needed, he gave it to his needy kindred. I looked upon it as an act of the noblest charity. As has been stated, he was as remarkable for his honesty and faithfulness as for his charity. I look upon his death as a great loss to the profession and to the public.

DR. PAPIN—Although my acquaintance with Dr. McDowell was hardly more than that of a speaking one, I knew him to be a most honorable man, the worthy son of a worthy father. I learned something of these charitable deeds of Dr. McDowell, but did not know the extent to which it was carried. I knew he was very warm-hearted and generous to his family and his friends. His abilities, in many respects, eminently fitted him for the position which he occupied, a position which his true merit justly obtained for him.

DR. LUTZ moved that a memorial page be set aside in the records of the society, and that a copy of the resolutions be sent to Dr. McDowell's brother. Carried.

Œdema in the Pregnant.

DR. MAUGHS—This fall I was called to see a lady who had been about seven months pregnant. She had great œdema. Her eyes and face were swollen very much; the labia were swollen and œdematous to an extreme degree, the patient had also ascites, great distension, hydræmia, dimness of vision, flashes before the eyes, headache and all the symptoms of threatening puerperal convulsions. I carefully tested the urine and found no albumen; there were all the symptoms of acute albuminuria. I placed the patient upon saline cathartics, which diminished the swelling without curing it. There was scarcely any diminution of the head symptoms. At one time after giving the saline cathartics, I determined to bleed her, but she objected. I was apprehensive every moment of being called to find this patient with eclampsia. Except that the patient lived in the country, making it inconvenient, I would have induced premature labor. But she was eventually confined without an accident. She very slowly recovered her natural condition. I

state the case because it was a little peculiar from the intensity of the symptoms threatening an attack of eclampsia, and yet the patient got well.

Dr. Papin—My impression is that from the fact that the woman lived in the country, she had probably suffered from malarial fever of an obscure character. I had a few similar cases in a malarial country; patients extremely œdematous from the eyelids to the feet. There was a large effusion of water down into the cavity; the patient had heavy chills. I noticed febrile conditions every second or third night, but could discover no albumen in her urine. I treated her with saline purgatives and, like Dr. Maughs, was able to carry my patient through without difficulty. Several weeks afterward I found my patient in an old-fashioned chill, for which I treated her with quinine, and finally succeeded in curing her. In districts like these, accoucheurs are too apt to look on the worst side of the case. If the doctor had examined his patient he would have found the spleen very much enlarged.

Dr. Maughs—The woman did have malarial fever. She had enlarged spleen and I gave her quinine very frequently. It is remarkable that Dr. Papin, knowing nothing of the case, should have stated so accurately all the conditions which actually existed.

Dr. Johnston—I had a case in a woman, primipara, at the sixth or seventh month. The œdema was very great. I gave her saline purgatives, and she recovered without any unnatural irritation. After her delivery the dropsical symptoms immediately disappeared. Every pregnant woman is more or less albuminuric. I had nineteen or twenty cases of convulsions, and not one had swelling. What is your experience about dropsy and puerperal convulsions, Dr. Papin?

Dr. Papin—Sometimes, in cases of œdematous vulva and eyelids, I would examine the urine to find albumen. My treatment has been iron and saline purgatives. In addition to this, I sometimes use bromide of potassium or chloroform to relieve the headache, and give sleep. I have followed the Spanish proverb, "A little breakfast is too much," etc.

Dr. McPheeters—During the last year, I was called to see a young woman in confinement with her second child in about

the second month. She became exceedingly œdematous in the lower extremities, and she was attacked with post-partum convulsions. On examining the urine, it was found to be loaded to an enormous degree. In this case, the convulsion was, of course, produced by pressure on the kidney. I advised both venesection and premature delivery. I succeeded in this way, hoping to save the life of the mother. Dr. Boisliniere was also in consultation. The woman died next day.

SATURDAY, April 10th, 1880.

The Administration of Chloral with Alkalies.

DR. NEWMAN—It has been long a prevalent belief, I believe, that chloral should not be given in conjunction with alkalies, because by so doing it is converted into chloroform in the system, and for that reason a good many physicians at one time were disposed never to give it in combination with any alkaline product. But for the last ten or twelve years, perhaps not so long, we have been very much in the habit of giving it with some alkalies, especially with bromide of potassium. Some three or four years ago, in administering chloral, I discovered that some of the alkalies speedily converted it into chloroform. I remember giving it in a prescription for a child laboring under convulsions. Its bowels being constipated, I had a little syrup of rhubarb and for the acidity of the stomach a little magnesia in the prescription. It was taken very well, but when the dose was repeated in the evening the child was almost suffocated. I examined the bottle and found a strong odor of chloroform. I thought that a mistake had been made by the druggist and showed him the bottle. On examining it he admitted that it contained chloroform, but insisted that the prescription had been properly compounded. In the course of eight or ten hours another bottle of the same prescription became converted into chloroform.

DR. PREWITT—I think I have seen it stated somewhere that bromide of potassium and chloral were not to be administered together, but I have frequently administered them myself, and the well known remedy "bromidia" is a mixture of bromide of potassium, chloral and other things; and in it there is no de-

composition. I have very frequently administered them in prescriptions with good effect.

Dr. Johnston —Since these medicines were first introduced, they have been pretty generally prescribed together by the profession and very often morphine with them. Writers tell us that the effect of these remedies is to constringe the arterioles of the brain and physiologists have determined the fact that sleep consists in the presence of less blood in the brain. I have never seen any objections to their being prescribed together and I cannot see why there should be any objections.

Dr. Hurt—I think the physiological action of these narcotics is not so easily determined as my friend Dr. Johnston seems to think. If his theory, that they constringe the arterioles and lessen the quantity of blood in the brain be true, then they should be administered in hydræmia of this organ. Experience does not sustain the theory.

Dr. Newman.—It occurs to me that our experience in the use of chloral is rather calculated to sustain the position taken by Dr. Johnston. We are very much in the habit of giving chloral and it is a most excellent remedy, but it is certainly very improper to give it under certain circumstances, for instance in cases of great depression, great feebleness of the arterial system, especially in those exhausting cases of delirium tremens. I have seen some serious results from the administration of this drug in depressed conditions of the system.

Disfigurement from Gunpowder.

Dr. Fairbrother—An engineer on the O. & M. Railroad, about a year ago, had his gun to explode whilst in the act of firing and his face was completely filled with partly charred grains of gunpowder. A number of these grains lodged in the corneal and sclerotic conjunctiva. These I called upon Dr. Pollack to extract. Over the rest of the surface of the face, these grains were thickly studded, probably fifty to the square inch.

You are aware of the usual means adopted to get gunpowder out of the face, cutting it with the knife, scooping it with the scoop, washing it with warm water, poulticing the face, etc. I tried all, and all failed. It occurred to me then that vesication of the face might be of use. I therefore produced it on a spot on

the face and to my great delight on the first morning after the production of this large blister, I found floating in the serum a great many specks of the gunpowder. I applied a poultice of bread and water and allowed it to remain eight or ten hours. I then freely incised the epidermis. Encouraged with the result of this blister on one spot, I tried it on other parts, making free vesication and subsequently removing the epidermis. The man has now scarcely a trace of the marks of the powder, the only traces being present in the depression near the nose where vesication was but slightly performed.

DR. RUMBOLD—On the 5th of July last I had an experience of a like nature. A little girl had a small fire cracker explode on the edge of her thumb near the index finger and was brought to me. The hand was somewhat swollen at that time. The girl was determined to have the disfigurement removed if possible. I thought the only way would be to pick out the grains with a needle, but on thinking the matter over, I determined to try the "spray." I adjusted my apparatus with about forty pounds to the square inch and cleaned the grains out almost perfectly, except the very smallest ones, which looked like the beard on a man's face after being shaved three or four hours. The spray with the usual force was not adequate. It had also to be thrown from a very fine spray, and with great force. My theory of its success is that the liquid and air are thrown with sufficient force to enter each opening, dissolve the gunpowder and carry it out in solution. I used common glycerine and warm water. It must be remembered this was used just after the injury had been received; in cases where the wound is closed, of course the spray could not again open it.

Unusual Slowness of the Heart's Action.

DR. MUDD—Last Sunday I was called to see an old lady 78 years old whom I had seen from time to time during the last four or five years. She was suddenly troubled with disturbance of the heart's action, and complained of pain in the chest and coldness of the extremities. At the time I saw her the disturbance had passed off and left no special evidence of trouble. I found no evidence of valvular lesion or of organic trouble; the heart's pulsation was normal in force and frequency. Her habits were regular, and she was active as a woman of 50 years. On last Sunday, when I was called to see her,

I found her with the extremities cold, skin slightly moist, respiration about 20; pulsation of the heart, 18 to the minute. Her intellect was perfectly clear. I saw her at 4:30 and ordered some stimulants. I saw her again at 8 o'clock that evening, and found the pulse 32 to the minute and the respiration about 22. Next day the pulse was down to 15. About this time, by listening to the heart's action, I could hear a secondary beat, which was not uniform. The pulse during the week did not rise above 15; it sank until it was about 13 to the minute and fairly strong. The woman retained her mental faculties perfectly until Friday. On Wednesday she had a number of convulsive attacks; convulsions of the face and arms, not marked, but frequent. These were always preceded by rapid respiration. During Monday, Tuesday, Wednesday, and Wednesday night until two o'clock Thursday morning, the condition of the secretion from the kidney was about normal. On Thursday at two o'clock in the morning she passed her urine freely, but not again after that and on Thursday afternoon I drew from the bladder about one ounce of urine. On Friday morning about half an ounce. The patient died this morning about six o'clock, having made no urine other than that since Friday morning. The question occurred to me that there might possibly be a saccharine condition of the urine, and on close questioning of the lady who has been the patient's companion for the last three months, I learned that about a quart of urine had been voided every twenty-four hours, that it had almost uniformly been of a thick brownish color, leaving some stain in the chamber. Upon examining the urine drawn from the bladder I found its specific gravity 1018; no albumen, but a distinct trace of sugar. Upon post-mortem examination we found in the abdominal wall a thick coating of fat and the subperitoneal layer of fat well marked, and the omentum and mesentery thickly studded with fat. On opening the thoracic cavity we found a number of folds of fat around the base of the pericardium and on the diaphragm; at the point of junction with the diaphragm the layer of fat over the heart was well marked. The left auricle was so distended with blood and its wall was so thin that the bluish color of the blood was distinctly to be seen. A fibrous clot which was of a yellowish color and looked like liquid fat, was found inside in the right ventricle, and projecting in the pulmonary artery

on one side on the other into the auricle. The right ventricle of the heart was thin and yellowish and seemed fatty. The coronary arteries, especially the left, presented well marked calcareous degeneration; at one point in the coronary artery just at the ventricular branch, there was a distinct narrowing of its caliber. In the right coronary artery there was also degeneration, and the pulmonary artery and the aorta both had this yellowish color. Upon examining the parts beneath the heart, I found a number of bronchial glands enlarged, and one of them, just at the bifurcation of the trachea, was as large as my thumb. Turning the trachea downwards, I found the pneumogastric nerve fast to this gland, somewhat flattened over the gland, and at one point it seemed to be embedded in it. Whether this had anything to do with the pulsation of the heart is another question.

Before death we thought there might be some disturbance of the brain, but after examination of the chest and throat we omitted any further examination. There was thickening of the tricuspid valves, but nothing to interfere with their action. The fibrous attachment of the semilunar, pulmonary and aortic valves had this yellowish, creamy color, with a layer of fat laying on the point of junction. The fibrous ring had seemingly disappeared. Upon the auricular septum, and the auriculo-ventricular septum, the fatty layer was infiltrated with serum, and seemed to be breaking down, so that it presented a different appearance from the fat at any other part of the body. To look at the woman you would not have taken her to be more than fifty years of age. She was a woman of remarkably well preserved intellect.

DR. WM. PORTER—It seems remarkable that fatty degeneration should produce such a persistently slow pulse, and we would naturally look for obstruction to the motor nerve supply somewhere. I know not if the doctor would be willing to say that this involvement of the nerve was sufficient to induce the slow beat of the heart. Pressure upon the motor nerves of any organ, and functional interference, are very important as cause and effect. The nerve supply may be injured possibly in one of four ways; either by central lesion, lesion of the trunk, peripheral lesion, or reflex irritation. I remember a case distinctly in which the recurrent laryngeal nerve of a little child was compressed to such an extent as to produce paralysis of the abductor laryngeal muscles; tracheotomy was performed to relieve the dyspnœa, the child dying shortly afterwards (a very young

child) with marasmus. On post-mortem examination a small gland was found inclosing the laryngeal nerve of the right side. I believe the case Dr. Mudd has reported to-night is unique. I don't remember any other case recorded in which the heart's action was so slow for such a length of time.

Dr. Mudd—I would be unwilling to say that the pressure, or the involvements of the nerve with the gland, was sufficient to produce any disturbance of that kind, although it might do so. I have seen glands much larger connected with nerves without such results following. I believe it is a recorded fact that in fatty degeneration of the heart we have cases recorded in which the pulsation has been as low as 10 to the minute for some time before death.

Dr. Prewitt—Some years ago I reported a case in this society of an old gentleman who had a very similar disorder. His pulse went down to 13, and he died in very much the same way. Before being taken with his fatal illness he had something like epileptic attacks, seemingly the result of anæmia of the brain. Connected with this there was disturbed action of the heart. At the time of his last illness his heart's action was very much diminished, and got down as low as 13 or 14. On making post-mortem examination we found marked fatty degeneration of the heart, and I have tracings of the heart fibres showing fatty degeneration. There was no other reason for the death that we could find.

Dr. Atwood—Is it not a fact, Mr. President, that in many instances where there has been a slowing of the heart's action, there has been found, upon post-mortem examination, a condition, such as Dr. Mudd has described here this evening, a degeneration of the coronary artery, and an impairment of the muscles of the heart, in consequence of disturbance of nutrition?

Dr. Johnston—Unless we can be certain that Dr. Mudd's patient was free from all habits of using chloral, opium, alcohol, etc., it is too much like jumping at the conclusion to assert that death was the result of the presence and relations of the gland.

Dr. Fairbrother—I would like to inquire of Dr. Mudd if he observed the pulse and temperature during the continuance of this case, and if he noticed how much they departed from the normal pulse temperature, and pulse respiration ratio?

Dr. Mudd—I observed these, but did not pay particular attention to this relation to the pulse.

DR. FAIRBROTHER—I make this inquiry as bearing upon the diagnosis of the case—whether it was one of central neurotic origin, or a simply organic affection, as fatty degeneration. It is a pretty well established fact, I believe, that in cases of slowing of the heart's action, there is less disturbance of the pulse-respiration ratio when this slowing is due to central nervous disorder, than when it is produced by disease of the organism itself. In some cases of organic disease, as fatty degeneration, the respiratory movement may fall little below the normal standard, while the heart's action is reduced as low as we have heard mentioned here to-night. On the other hand, when this action is reduced by central lesion, the breathing is slowed in about the same ratio to that of the pulse.

DR. MUDD—I know this lady was a person free from the habit of using narcotics of any kind. As to the pulse, so far as I know, it was at the normal standard until Sunday. On Monday morning at 8 o'clock it was 32; on the next morning it dropped to 15 and remained there until her death.

DR. PORTER then said he was mistaken in pronouncing Dr. Mudd's case unique; he had understood him to say that the pulse had been at 15 for a much longer period before death.

DR. POLLAK—A teamster æt 32 came under my care, nine or ten years ago, who had been a victim of *sunstroke* a year before. He was a man of robust, herculean frame. He had since suffered from an intense headache, which was only partially relieved by depletory, anodyne, neurotic remedies, and counter irritation. But the most peculiar feature of the case was the slowness of his pulse, which went down to 9, and never exceeded 14 beats in a minute during the four weeks of my attendance. In consultation with Dr. Bauduy we agreed that there must be grave cerebral lesion, which gradually developed into dementia. The family was advised to place him in a hospital for the insane, but our warning was not heeded. A few weeks later I was subpœnaed before a coroner's jury. My patient had killed his wife, to whom he was devotedly attached, and with whom he had lived many happy years. The case was never tried in the criminal court. For some reason I had to testify in it in the probate court. The patient was sent to the insane asylum for life. I shall inquire whether he is there yet, and whether the peculiarity of his pulse is still existing.

Book Reviews.

Minor Gynæcological Applications and Appliances. By J. Halliday Groom, Lecturer on Midwifery and Diseases of Women at the School of Medicine; Physician to the Royal Maternity Hospital; Late Tutor to the Midwifery Class, University, Edinburgh. [E. & S. Livingston, 57 South Bridge St., Edinburgh, Publishers.]

This little work is designed by the author to give a short and practical account of the most common gynæcological operations and appliances. He has succeeded in making the account commonplace and short, but in other respects the undertaking is not a brilliant success. The book is terse and unsatisfactory in many details, and in some respects pernicious. For instance, the author recommends the use for diagnostic purposes of Simpson's sound, and that without a speculum, and illustrates the method of performing the dangerous and delusive operation of introducing it. The same instrument is also recommended to replace a retroverted or retroflexed uterus. Of course such teaching can have little weight with the experienced, but since the work is especially intended for students, this instruction, as well as some other advice, is unwarranted and dangerous. It betrays, as do the worthless and obsolete instruments that are figured in other parts of the work, a want of discrimination, and is one of several convincing proofs the book contains, that its compiler transcended the sphere of his usefulness when he appeared in the role of an author. The work contains no valuable information that may not be found in all of the standard text-books on the subject, and presented, too, in a fuller, more practical and acceptable form. Most of the illustrations are good, but are copied from other works, and having long done duty, are familiar to all students of this branch of medical literature. One of the original drawings, that on page 29, designed to represent a patient in Sim's position, misrepresents that position more effectually than we supposed it was possible for any artist to do. The mechanical features of the work are particularly good, and comport in excellence with other publications of Messrs. E. and S. Livingston.

W. L. Barret.

The Student's Guide to the Diseases of Women. By Alfred Lewis Galbain, A. M., M. D., F. R. C. P.; Assistant Obstetric Physician and Joint Lecturer on Obstetric Medicine to Guy's Hospital; Examiner in Physiology and in Obstetric Medicine to the University of Cambridge, etc.

This small volume presents in an attractive form and with sufficient amplitude most of the subjects that are ordinarily treated of in more complete works on the diseases of women. Every

page and chapter bears evidence that the author is familiar with his subject, both theoretically and practically. It is a convenient book for reference, and the information to be gleaned from it is generally the latest and best. The busy practitioner can refresh his memory on almost any subject by a hasty glance at this little book, when much more extensive reading would be necessary to attain the same purpose by a reference to any one of the popular text-books now in use. It contains little that is original, but condenses in a pleasant and practical form most that is known in regard to the diseases of women. We commend it to our readers as a book that will be useful and satisfactory to its possessor. It is published in the uniformly excellent style of Lindsay & Blakiston, Philadelphia.

W. L. Barret.

A Manual of the Practice of Surgery. By W. Fairlie Clarke, M. A. and M. B., F. R. C. S., Assistant Surgeon to Charing Cross Hospital.

This is one of Wood's Library of Standard Medical Authors, for 1879. It is a book of 309 pages. The author has embraced much that is valuable and important to the general practitioner and student in his epitome of surgery. His style of writing is entertaining, and he places what he conceives to be important points in practice very clearly and conspicuously before his reader. We think it fortunate for the success of the book and for the profession that the book had an American editor, for he has supplied some very important omissions in practical surgery, as accepted and practiced by American surgeons.

The book is cheaply printed, and the illustrations, such as are original and new, are very coarse, though in some instances clear, and delineate very well the condition of cases as found in the author's practice, who drew the sketches from which the cuts were made. Some of these cuts give little more than the outline of the part exhibited, failing utterly to give anything of the appearance of the surface of the tumor or the diseased part. This habit of making sketches of cases presenting in practice has evidently been of value to the author, for his descriptive powers are good and his observations acute. These qualifications of the author have enabled him to sift well the literature of surgery and to condense its teachings and the results of his experience, so as to produce a valuable book in a small compass.

I do not think his practice or pathology will in every instance meet with the approval of American surgeons. For instance in speaking of the treatment of fractures of the thigh, he does not mention Buck's method by weight and pulley, or Hodgen's splint. In disease of hip-joint, which he says "is a truly scrofulous disease," in defining his treatment he says, "in the early stage, the limb should be extended and fixed by means of a long splint. In young children it is an excellent plan to lay

a sand pillow on each side of the body, and a short one between the legs, and stretch a sheet over them; or a weight, to be gradually increased, may be fixed around the ankle, and hung over the end of the bed." This with counter-irritation and leeches constitute his local treatment. This will hardly meet the approval of modern surgery. The book will find acceptance among those who desire an easy reference to the principles and practice of surgery, and will no doubt answer the purpose it is designed to accomplish in Wood's Library. H. H. Mudd.

A Manual of Inorganic Chemistry, arranged to facilitate the experimental demonstration of the facts and principles of the Science. By Chas. W. Elliot, Prof. of Analyt. Chemistry and Metallurgy, and Frank H. Storer, Prof. of Industrial Chemistry in the Massachusetts Institute of Technology, with an Appendix on Chemical Manipulation. pp. 668. Ivison Blakeman, Taylor & Co. [John C. Ellis, Agent, St. Louis.]

The plan of this work is new, teaching more "by example than precept"; more by the *experimental* and *inductive* method, than by the discussion of principles separate from experimental demonstration; by a process not unlike that by which the facts and principles of the science were originally established. I have examined the work with a good deal of interest and care and can truly say that both student and teacher indeed, will find the book an invaluable aid and director. To the medical student it is particularly serviceable, learning and guiding him as does his *Dissector* in Anatomy. It is especially adopted to laboratory work; and the teacher will find it of great advantage in the classroom. It fills a niche that was heretofore unoccupied and meets wants that no other book does. H. Christopher.

Lectures on Practical Surgery. By H. H. Toland, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery in the Medical Department of the University of California. Second Edition. Illustrated. pp. 518 8 vo. [Philadelphia: Lindsay and Blakiston.]

It is impossible to imagine what feature of this work, could justify its publishers to issue a second edition. When the book first made its appearance, the medical press, almost unanimously pronounced it unfit, on account of its many sins of omission and commission to serve as a guide to the student or the practitioner.

Apparently neither the author nor his publishers were at all influenced by this criticism, for with the exception of adding one lecture, that was omitted in the first edition, and two cases of aneurism, the original lectures have been reprinted.

The time is passed, it is hoped, when publishers who have a reputation at stake can harmonize the printing of such literature as this, with the duty they owe to a learned profession.

F. J. Lutz.

Editorial.

Medical Association of the State of Missouri.

This Association will meet in Carthage on the 18th, 19th and 20th of the present month. Commutation rates have been secured from the Gulf Railroad from Kansas City to Joplin, and on the Missouri, Kansas and Texas and the St. Louis and San Francisco Railroads. Rates will be full fare going and one-fourth fare returning. There is every indication that there will be a large meeting. We have heard from quite a number of physicians of the Southwest, and know that they are making unusual efforts to make the meeting in that part of the State a success.

The delegates coming from St. Louis and the east will arrive in Carthage at 12:30 P. M.; those from the west at 3:30 P. M. The Association will convene in the Opera House at 4 P. M. of the 18th. On the evening of the same day, a night session will be held; again, forenoon and afternoon sessions on the 19th and 20th. On the evening of the 19th a banquet will be given to the members of the Association. Delegates will be met at the depot by the Committee of Reception and assigned to their respective places of entertainment. While the citizens of Carthage desire to extend their hospitalities to all who attend, ample hotel accommodations can be had by those who prefer them.

The profession of Southern and Southwest Missouri especially owe it to themselves to make this the largest meeting that has ever been held in the State. If the meeting is large it will be interesting; if there is a small attendance of those who live in the Southern counties, it will, in all likelihood, be a long time before we will again visit this beautiful part of the State.

There are hundreds of physicians in the Southwest who very seldom attend any kind of a medical meeting, their excuse being that they could not take the time from their practice to attend any distant Convention. We hope to meet these here, as they now have the Association within a few hours' ride. Southern and Southwestern Missouri is now on trial; come every one of you; if you do, then we will have the largest and most instructive meeting ever held in the State.

County and district Societies should have a full delegation in attendance. If any member of a society has been delegated to

represent it at the Association and cannot attend, see that the honor is given to one who *will* attend. There are many who would attend if they were appointed delegates, and there are quite a number who succeed in getting themselves appointed, for the *notoriety* of the thing, who do not expect to attend. It is only he who represents the Society by his presence in the Association who receives the *honor*.

ILLINOIS STATE MEDICAL SOCIETY.

BELLEVILLE, Ill., April 15th, 1880

We, the undersigned Committee of Arrangements, of the ST. CLAIR COUNTY MEDICAL SOCIETY, acting in concert with the State Society Committee of Arrangements, beg leave to inform you and all worthy members of the profession desirous of attending the Annual Session of the State Society, to be held in Belleville, May 18, 19 and 20, that complete arrangements have been perfected with railroads, hotels and halls, to ensure the comfort of the delegates attending.

Rates on all roads in Illinois will be one and one-third, and one and one-fifth usual fares to those having permanent Secretary's certificate of their having been in attendance.

An interesting programme for the three evenings of the session has been arranged, including two popular lectures by gentlemen eminent in the profession, for the first and second evenings, and a first-class musical concert and banquet for the third evening. A full attendance is earnestly requested.

W. WEST, M. D., Chairman,
L. J. BECHTOLD, M. D.,
J. L. PERRYMAN, M. D.,
J. KOHL, M. D.,
F. RUBACH, M. D.,
M. W. HORINE, M. D.,

We regret exceedingly, that the Illinois and Missouri State Associations convene on the same days, as many from this city and State would like to attend both meetings, especially as the Illinois meets at Belleville, only an hour's ride distant.

The Chairman of the Committee of Arrangements, Dr. W. West of Belleville, desires us to state "that an invitation is extended to the St. Louis Medical Society as a body, to attend this session." Many of the professors of this city, we have no doubt, will accept this kind invitation, as ample opportunity is afforded to go at almost every hour of the day, by the large number of daily trains, (twelve) going between Belleville and this City.

Prof. John T. Hodgen will, by invitation, deliver a popular address on "The Formation of Character." We anticipate that the mode of presenting this will be, like the Doctor's own character, peculiar, marked and pleasing.

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—APRIL, 1880.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	40.0	57.0	18	61.0	85.0
2	53.5	70.0	19	41.5	60.5
3	56.5	75.5	20	44.5	68.5
4	55.0	74.0	21	50.0	75.0
5	53.0	72.5	22	59.0	82.0
6	47.5	57.0	23	68.0	**87.0**
7	**32.0**	49.0	24	70.0	87.0
8	37.5	53.0	25	60.0	73 5
9	38.0	67.5	26	51.5	60.0
10	53.5	63.0	27	42.5	68.0
11	34.5	50.5	28	53.5	63.0
12	35.0	62 5	29	55.5	65.0
13	49.5	80.0	30	42.5	62.5
14	60.0	83.5	31		
15	54.0	68.0			
16	60.0	58.0	Means	49.7	66.2
17	42.5	50.0	Monthly Mean	57 9	

Quantity of rain, 3.19 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM MARCH 28, 1880, TO APRIL 10, 1880, INCLUSIVE.

Ovarian Tumor	0	Parotitis	1	Convulsions & Trismus Neonatorum	19	Placenta Prævia	0
Measles	7	Inanition, Want of Breast Milk, etc.	7	Hydrocephalus and Tub. Meningitis.	2	Apoplexy	2
Syphilis	0	Alcoholism	2	Meningitis & Encephalitis	5	Cyanosis and Atelectasis	
Scarlatina	3	Rheumat'm & Gout	0	Other Diseases of the Brain and Nervous System	16	Premature Birth	0
Pyæmia & Septicæ	3	Cancer and Malignant Tumor	5	Cirrhosis of Liver and Hepatitis	8	Deaths by Suicide	6
Erysipelas	0	Phthisis & Tuberculosis, Pulmon.	30	Enteritis, Gastro-Enteritis, Peritonitis, and Gastritis	12	Deaths by Accid't	7
Diphtheria	4	Bronchitis	12	Bright's Disease and Nephritis	2	Deaths by Homicide	1
Membran's Croup.	1	Senility	8	Other Diseases of Urinary Organs.	2	Congen Detor'ty	12
Whooping Cough.	8	Pneumonia	37	Metritis	1	Total Deaths from all Causes.	276
Diabetes Mellitus.	1	Heart Diseases	10			Total Zymotic Diseases	60
Inflam. Umbilicus.	1	Other Diseases of Respir'y Organs	11			Total Constitutional Diseases	43
Typhoid Fever	5	Ruptur of Womb	1			Total Local Diseases	137
Cerebro Spinal Fe.	0	Marasmus—Tabes Mesenterica and Scrofula	5			Total Develop'tal Diseases	22
Remittent, Intermittent, Typho-Malarial, Congestive & Simple		Aneurism	0			Deaths by Viol'ce	14
Contin'd Fevers,	9						
Puerperal Fevers	2						
Diarrhœal Disea's	7						

CHAS. W. FRANCIS, *Health Commissioner.*

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

FREMONT, O., April, 1878.

DEAR SIR :—It is now five years since we first introduced and began the manufacture of Extract of Malt in the United States. It has been our aim to furnish the medical profession in America with a malt-extract equal to the best German make, and (by saving the expenses of importation), much cheaper than the foreign article can be afforded. For the manner in which our efforts have been appreciated by the medical profession, we desire to express our warmest thanks.

The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material ; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

We do ourselves but simple justice, in stating that our *entire attention* is, and for many years has been, *exclusively* devoted to the manufacture of Extract of Malt for medicinal purposes, and that we give our undivided personal attention to each step in the delicate process by which Extract of Malt of excellent quality can alone be made.

Under these circumstances, it is unreasonable to suppose that the various manufactures of fluid extracts, elixirs, pills, etc., (who attracted by the high reputation of our Extract of Malt), have recently in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according to the fulsome praise with which their avertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR or MALTINE, which, as is well-known, is the product of the action of the sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar of glucose, which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery sugar, house syrup, "strained honey" native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and sugar cane.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from barley malt combined with the proper proportion of hops, that has been for many years the standard medicinal nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

Very respectfully,
TROMMER EXTRACT OF MALT CO.

FROM ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE, VOL. XVI, PAGE 474 :

"The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as cod liver oil, carbo-hydrates (malt sugar, dextrine), taking the place of fatty matter. The simple (much or little hopped) and the chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil ; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of cod liver oil in the treament of phthisis, and other wasting diseases at the Basle Hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer or wine."

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Prepared with scrupulous care under the immediate supervision of a practical chemist, at their model laboratory, at Neuilly, near Paris.

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Lebaigue's Dyalysed Iron, or Pure Peroxide of Iron.

In Solution, without the aid of Acids or Other Solvents.

It is nearly tasteless, does not blacken the teeth, is very readily absorbed, will not constipate, nor cause any disturbance of the digestive apparatus, and is tolerated by persons who could not support any other preparation of Iron. It is offered, in the form of a *solution*, which is generally preferred ; or of an *elixir*, when a slight stimulant is desired.

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Pancreatine is a very important remedy in a great many cases of *indigestion, atony* of the digestive organs, and *dyspepsia*, where pepsin and other remedies have failed. It is especially serviceable as a help for the digestion of fats. The preparations especially recommened are: *Defresne's Pills*, dose two to four pills before eachmeal; the *Elixir* and *Wine*, dose one or two tablespoonfuls after meals.

GRIMAULT & CO.'S MATICO CAPSULES.

A preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of copaiba, and do not cause any unpleasant eructations.

IODISED SYRUP OF HORSE RADISH

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine so intimately combined as to be insensible to the action of starch.

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Is one of the most important and useful discoveries of the age, but it is not (as certain dealers of bad faith pretend) a preparation that any one can make, for it is not manufactured with a mustard that every one can buy.

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Is the invention of Mr. P. RIGOLLOT, who is the exclusive owner ; it is the only preparation which has been adopted by the civil and military hospitals and the armies and navies of France and England, and which has obtained a medal at the Centennial Exposition at Philadelphia. All other mustard plasters or leaves of whatever name, are but imitations of the original

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P. Rigollot

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OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverised iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of Blancard *Pharmacien, No. 40 Rue Bonaparte, Paris.* without which none are genuine.

BEWARE OF IMITATIONS.

DOCTOR RABUTEAU'S

Dragees, Elixir and Syrup of Iron.

The numerous experiments made by the most distinguished practitioners of our days in France and America have demonstrated that Dr. Rabuteau's preparations of Iron are superior to all other chalybeates in the treatment of *Chl-rosis, Anæmia, Debility, Exhaustion, Convalescence, Weakness of Children*, and all diseases caused by a deterioration of the blood.

Dr. Rabuteau's Dragees (sugar coated pills) do not blacken the teeth, and are assimilated by the most delicate stomachs without causing constipation. Dose, 2 morning and evening, at meal time.

Dr. Rabuteau's Elixir is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

Prepared by CLIN & CO., Pharmacists, Paris.

Kirkwood's Inhaler.

This is the only complete, reliable and effective inhaler in use, arranged for the direct application of Muriate of Ammonia and other remedial agents in the state of vapor to the diseased parts of the air passages in the treatment of catarrh and diseases of the throat and lungs. No heat or warm liquids required in its use.

It is entirely different from the various frail, cheap instruments that have been introduced.

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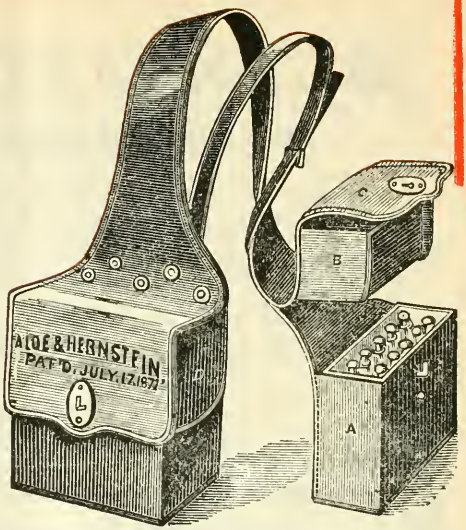

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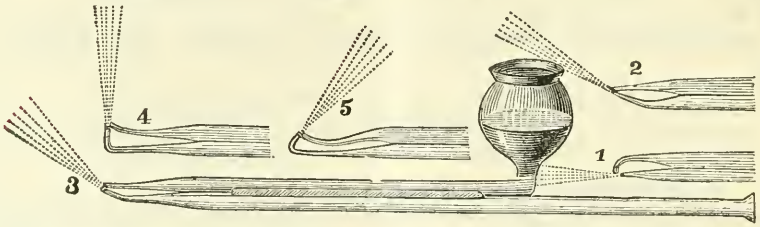

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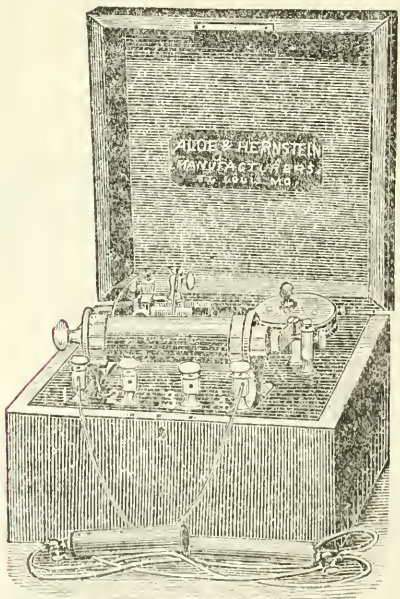

Aloe & Hernstein's Improved Office Battery ,$15.

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Sole Manufacturers of the

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P. S —Any style of Electric Machine made to order.

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Fifty Cents per Day.

from its regular tariff to such readers of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL as will present this note on arrival WITHIN ONE HUNDRED DAYS FROM THIS DATE and remain one day or more.

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QUININE

☞For original articles on the clinical use of Dextro-Quinine during the year 1879, in Remittent, Intermittent and Typhoid Fevers, Pertussis, Cholera Infantum, Pneumonia, Periodic Neuralgia, etc., see communications entitled, "On the Use of Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, January 25th. "Dextro-Quinine."—*Medical and Surgical and Surgical Reporter, April 5th.* "A Case of Pneumonia, etc., treated by Dextro-Quinine, etc.—*Medical and Surgical Reporter*, December 20th. "Dextro-Quinine as an Antiperiodic."—*Ohio Medical Recorder*, March. "On Dextro-Quinine."—*New Remedies*, March. "Dextro-Quinine as an Antiperiodic."—*N. Y. Eclectic Medical Journal*, June. "Dextro-Quinine."—*Cincinnati Lancet and Clinic*, August. "On the Use of Dextro-Quinine."—*Louisville Medical News*, April 5th and May 17th. "Dextro-Quinine as an Antiperiodic"—*Medical Brief*, July." "Malarial Fever of the South."—*Southern Medical Record*, August. "Dextro-Quinine in Pertussis."—*Southern Medical Record*, November. "Dextro-Quinine."—*Medical Summary*, (two articles) October. "Notes on Hospital and Private Practice."—*Pacific Medical Journal*, October "Dextro-Quinine."—*Western Lancet* (San Francisco), December.

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FACTS FROM MISSOURI AND ILLINOIS!

THE USE OF DEXTRO-QUININE IN INTERMITTENT FEVER

Case.	Name and sex of patient.	Age, etc.	Number of paroxysms before Taking.	No. of paroxysms after.	Dose and mode of Exhibition.	Total amount Exhibited.	Remarks, Pathological and Physiological Phenomena, Etc.	Reported by.
35	J. W. D., male. *Quotidian.*	63	3	0	2 grs. every two hours.	14 gr.	It was a case of slow fever, which had terminated in a quotidian intermittent. Patient had taken quinine at times for the past 35 years. No unpleasant symptoms or ringing in the head from this *Dextro-Quinine.* N. B.—This patient was opposed to quinine, as he insisted that it always produced unpleasant symptoms and ringing in his ears, but he admitted that he experienced no unpleasant symptoms from the *Dextro-Quinine.*	T. G. Comstock, M.D., Good Samaritan Hospital, St. Louis Mo.

After a year's experience with DEXTRO-QUININE, Dr. T. G. Comstock writes us under date of November 21st, 1879, as follows:

"I take great pleasure in making known to you a general report of my experience with your preparation of Dextro-Quinine. I have not kept accurate reports of the cases where I used your preparation, but I have, for the past year, employed it in several hundred cases, of all forms of diseases, complicated with paroxysms intermitting in character, such diseases depending upon malaria as a primary cause or aggravation. I employ it almost daily, in not only clear cases of intermittents, but especially in Neuralgias. I have by no means abandoned the use of sulphate of quinine, but in a large experience I have found your Dextro-Quinine to take the place of the sulphate in more than one-half of the cases where I previously should have given the last named preparation. The Dextro-Quinine produces much less 'tinnitus aurium' than the sulphate, and the majority of patients do not experience any ringing of the ears whatever. I am very glad to take this opportunity to express to you my greatest confidence in the efficacy of the new preparation as a reliable antiperiodic. It has, for some months past, been frequently prescribed by the attending physicians of the Good Samaritan Hospital in this city, and the other members of the medical staff of the hospital, as well as myself, have confidence in its efficacy.

Yours very respectfully,

T. G. COMSTOCK M. D."

102	James C., male, *Tertian Ague.*	17	3 months	0	20 grs. in 5 gr. doses during intermission.	20 gr.	Had taken cinchonidia repeatedly but it kept returning. Severe tinnitus aurium. No return in six weeks.	D. H. Chase, M. D., Hoosier Prairie, Clay county, Ill.
103	Mary W., female. *Tertian.*	10	5 months	0	15 grs. in 4 doses day before the paroxysm.	25 gr.	Did not complain of quinism. No return in 4 weeks.	D. H. Chase, M. D., Hoosier Prairie, Clay county, Ill.
104	J. M., female, *Quotidian*	5	3	0	6 grs. in 2 doses during intermission.	6 grs	Was active determination to brain and spasms during the fever; but the *Dextro-Quinine* did not affect the head. Well now for six weeks.	D. H. Chase, M. D., Hoosier Prairie. Clay county, Ill.
105	M. Carragan, male.	43	2	0	3 grains every 2 hrs. until 3 doses only were given on the evening before the coming chill in the morning.	9	After taking the second powder he began to perspire freely. Could not stand Sulph. Quinine. No unpleasantness from the DEXTRO-QUININE. This case was treated by the sample sent to me by mail. It worked like a charm. Shall give it a fair trial.	H. L. Cokenower, M. D., Pleasant Plains Ill.
123	William Tannahill.	32	Every 7 days for about one year.	One slight symptom. Is now well.	I gave it in 5 gr. doses allowing patient to take 6 doses day before chill day, then 1 two gr. pill every day for 6 days, and repeat former dose as before. This was done for 28 days.	120 gr.	Patient was reduced physically by the long recurrence of these paroxysms so that his life had almost become a burden. His digestive powers were *markedly* compromised. He had been treated by all the Cinchona alkaloids without arrest of the paroxysms.	E. Newton Campbell, M. D., Walnut Grove, Illinois
161	W. H. male. Had tried everything without success.	30	Many & constantly for six months	1	20 grains in six powders, 1 every 2 hours. Commencing after the paroxysm.	30 grs	Patient has had ague for at least six months; said he had tried almost everything—was entirely discouraged. It has been two months since the last of the *Dextro-Quinine* was taken. No return of the paroxysms and "Richard is himself again."	E. Newton Campbell, M.D., Walnut Grove, Illinois.

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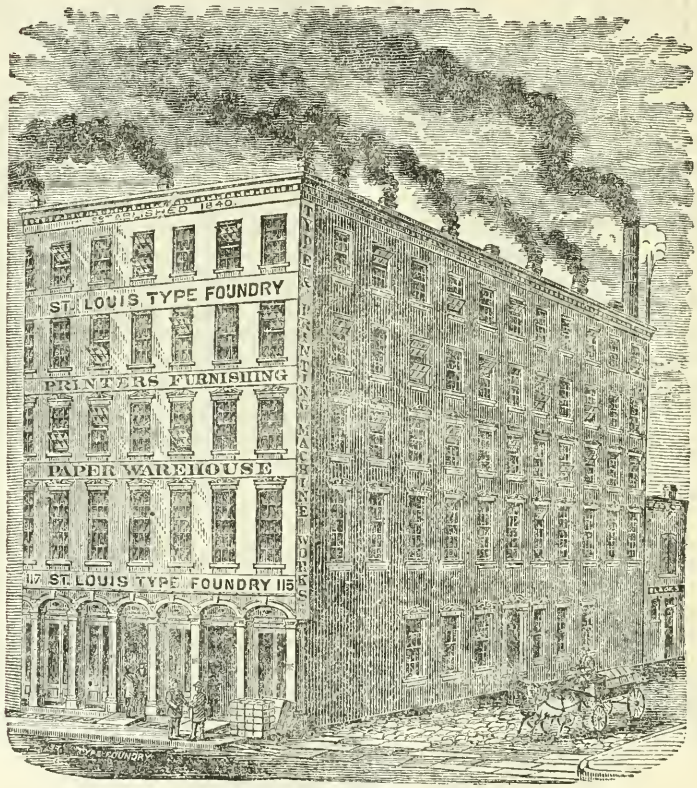

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Manaca. (FRANCISCEA UNIFLORA.) This drug is officinal in both Brazilian Dispensatories in which it is classed among alteratives of the more active and positive kind. So marked is its effects in the syphilitic cachexia, that it has been called *mercurio vegetal* by the Brazilians. It is recommended also as an anti-rheumatic, relieving the pain and materially shortening the natural course of the disease.

We ask for it a thorough trial, under the belief that it will prove a valuable addition to the list of remedies commonly employed in rheumatism. It is regarded by the Brazilians as almost a specific in the chronic form of the disease.

Extract Duboisia. We are just in receipt of a direct importation of this rare and expensive drug. Duboisia, although scarcely two years before the profession of this country, has already largely supplanted atropia, formerly regarded as indispensable as a mydriatic, in the practice of ophthalmology. Its action on the eye is similar to that of atropia, dilating the pupil and paralyzing the muscles of accommodation, but is much more prompt and is attended by none of the disagreeable effects of that salt, irritation of the conjunctiva, dryness of the throat, and, in children, hallucinations, delirium, etc.

Gelatine Products. We would ask the especial attention of the medical profession and pharmacists to our line of gelatine and gelatine-coated preparations, comprising Empty Capsules, Improved Rectal Suppository Capsules, and Gelatine-coated Pills. Our facilities for the manufacture of these articles are unsurpassed, and the perfection to which we have brought them is due to the sparing of no expense in the seeming of the best methods and the most experienced skill. We confidently ask a comparison of our Gelatine preparations with those of any other maker. We have but recently added Gelatine-coated pills to our stock, preferring to delay manufacturing them until we should be able to perfect a process through which the objections to gelatine-coated pills, as heretofore offered, might be entirely overcome Our process is the result of years of experiment, and the expenditure of much capital. We claim for it complete freedom from the objections which attached to all the methods previously employed.

Gelatine Capsules. The desirability of some neat and expeditious method for the administration of bitter or nauseous drugs, will be particularly manifest to physicians during the spring months, in which the demand for quinine, especially in malarial districts, is large. By using our capsules the disagreeable taste of the most disagreeable drug may be completely obviated, and the patient saved the disturbance arising from nausea and repugnance.

Capsule Fillers. To enable us to supply the physician with the means of utilizing to the fullest degree the many advantages attending the employment of gelatine capsules, we have taken the agency for two very ingenious capsule fillers, known respectively as Davenport's and Whitfield. With one of these instruments, capsules may be filled in much less time, than it would take to prepare powders or to make pills.

Send for full descriptive circular of these instruments.

For Sale by Wholesale Druggists.